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Oral Hygiene

NOVEMBER 1943

**Greater New York
Meeting, December
8-10.**

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York, N.

**In this issue:
The Oral Hygiene Opinion Poll**

TRADE
CLEV-DENT
MARK

Figures don't lie!



Every care should be taken in sterilizing instruments to prevent their corrosion and in sharpening to maintain the correct angle of the bevel.

A variation of one-one thousandth of an inch is the maximum tolerance that is allowed in the width of a Clev-Dent cavity preparation instrument. The formula numbers stamped on such an instrument indicate accurately the width of the blade in tenths of a millimeter, its length in millimeters and the angle of the blade in centigrades. Clev-Dent instruments are also uniform in the thickness of the blade.



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YOUR
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PROBLEMS!**

THE PUBLISHER'S CORNER

By Mass

Number 269



FLANKED by the local boys at the speakers' table up on the dais, the great man slowly masticated the customary cutlet—the cutlet that's as much a part of a luncheon-club luncheon as the big round badges are. Those of us at the tables down below masticated our cutlets too—making a mental note to phone mama that we wouldn't need red points at dinner that evening.

The great man stared at us, and we all stared back. He didn't seem fascinated, but we all were—and impatient for him to start unleashing his learning, impatient to hear the inside stuff we had been promised he would tell us, eager to be wised up about what really goes on in Washington and around a global world.

Most of us there were small business men—not small in dimension, what with all the years of care we'd exercised to avoid ever becoming famished—but small with respect to our place in the scheme of things, small with respect to our achievements. Like little people everywhere, we were, perhaps almost to a man, hero worshippers. dazed by the sight of a big-name speaker, captivated by his willingness to be chummy

with us, chummy enough at least to be willing to eat in the same half-acre dining room, even to eat the same sort of cutlet—although his slab of meat looked larger, as seemed right and proper.

Finally, the last coffee cup was set down empty. The chairman banged on a glass with the edge of his knife, adjusted his necktie which had seemed not to need this attention, and began the introduction. We were off! Now, we thought, we lucky, lucky people are going to be smartened up—get on with it, mister, let the great man talk. The great man was not too furtively scratching himself, a small eccentricity no doubt. He downed a glass of water, and, as the chairman finished a recital of the guest speaker's many briefly held but high positions in the nation, he rose behind the microphone. We sat enthralled, waiting for his first word.

It was "harrumph."

He felt in a couple of pockets and, victorious, brought out two pairs of specs, regular ones, and

(Continued on page 1518)

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Vitamin A 5000 U.S.P. units
The minimum daily adult requirement is 4000 U.S.P. units.

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Effectively supplements normal intake.

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BROWN STREET • PHILADELPHIA, PA.

(Continued from page 1514)

the pince-nez variety; he put on the nose-specs. None of us could figure why, because apparently, he wasn't going to read anything. After a few preliminary remarks, with an air of secrecy he began. Now for the inside stuff! "There is," he said, "among people in-the-know in Washington, a feeling that a change impends with respect to General Marshall. Some of us disagree. Still, there may be a change as there is much to be said on that point." He took off the nose-pinchers and fingered them awhile, remarked "Harrumph," then put on the regular ones. "There is much that may not be revealed." He put the nose-pinchers back on. "I might say the same about General MacArthur; there

is a difference of opinion. Some in informed circles believe one thing, some another. Perhaps I should be considered competent to express an opinion because I feel that I know MacArthur although we never met—but we rode the same bus on several occasions, and I had an opportunity to observe and appraise the man. Harrumph." He changed specs again, in the middle of the stream.

By that time, I figured that this was where I came in, so I never did find out what goes on in Washington and around a global world. But Les Vernon and Larry Doyle who stayed didn't find out either. They had fun whispering bets on the spec-changing, though. So they waited for the last harrumph.

Today MORE THAN EVER BEFORE..

WHY? Because . . . never before has there been offered such an economical, pleasant and effective means of cleaning the hard-to-get-at spaces between the teeth . . . polishing the contacted tooth surfaces . . . and promoting healthy circulation in the gum tissue. A valuable aid in the treatment of pyorrhea and gingivitis. You, too, should recommend STIM-U-DENTS, and in so doing awaken in your patients through this pleasant home treatment a greater interest in their teeth, prompting them to visit you more frequently.

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Try it before you buy it. If you like to try before you buy, ask your salesman to send you an F. P. I. Replacement Package *Special*. This contains a free trial bottle of powder No. 21, light yellow, a popular color for gingival and middle third cavities in the teeth of young persons. Use the trial powder and liquid on a few of your cases; if it doesn't please you, return the remainder of this package intact and receive full credit.

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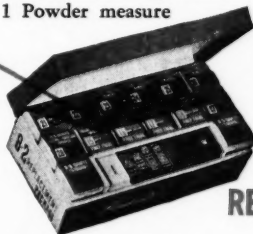


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Helps stimulate peristaltic muscles.

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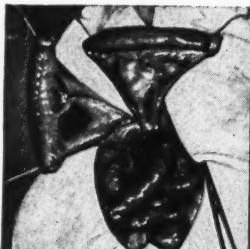
Aids in maintenance of proper alimentary water balance.

3

Assists in the neutralization of excessive gastric acidity.

4

Is useful in promoting bile flow.



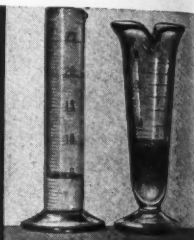
Loops of a dog's ileum isolated and ready for LIQUID BULK experiment.



Loops of ileum being filled with a laxative solution of Sal Hepatica.



Loops containing Sal Hepatica solution replaced in peritoneal cavity for one hour.*



34 per cent increase in Liquid Bulk of Solution A after one hour.

*Solution A contained laxative dose, 2 teaspoonfuls of Sal Hepatica in 8 oz. of water.

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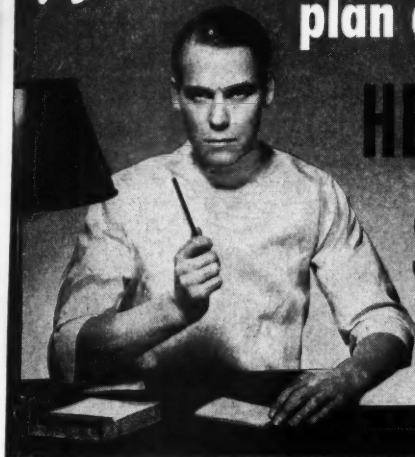
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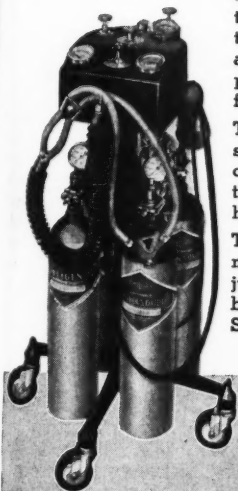
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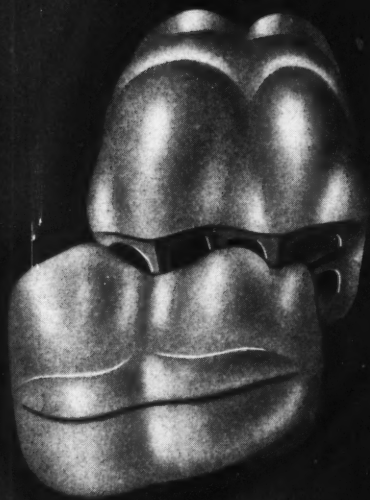
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Enables You to Maintain Attractive
Facial Appearance and to Provide
Comfortable, Efficient Mastication**

In the anteriors you have

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Low Cusps for "easy running"; *Narrow Contacting Surfaces* to minimize occlusal trauma; *Wide Food Table* to follow Nature's plan for holding food and *Scientifically Interacting Knives* to permit truly efficient mastication.

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to reproduce the functions of natural teeth
to maintain or restore attractive appearance
to effect comfortable, efficient mastication

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you don't have to bear...

PATIENTS who talk your ear off on the telephone when they could say it in a sentence . . . calls that could have waited until later — you have to grin and bear them. But there are certain personal annoyances you *don't* have to bear!

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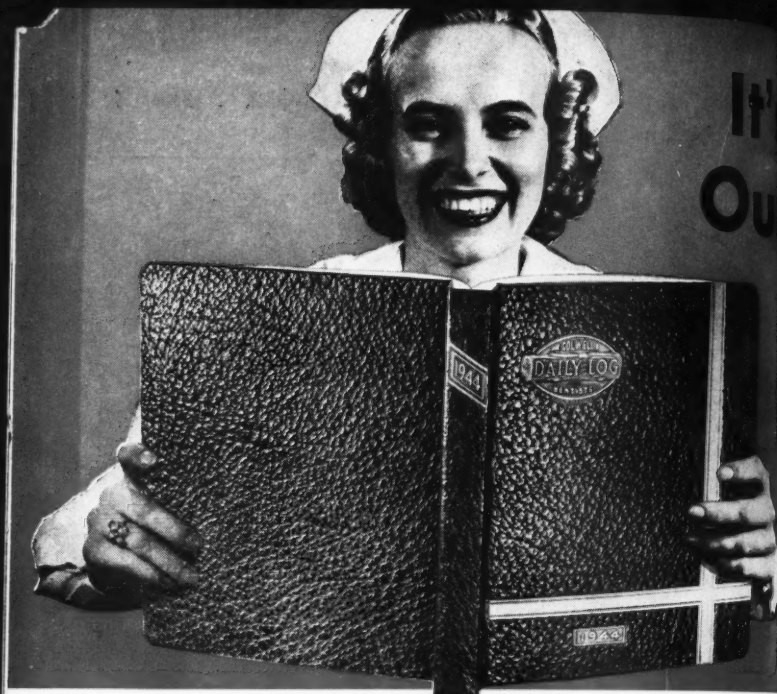
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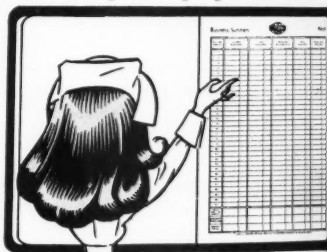
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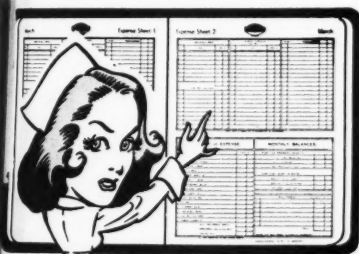
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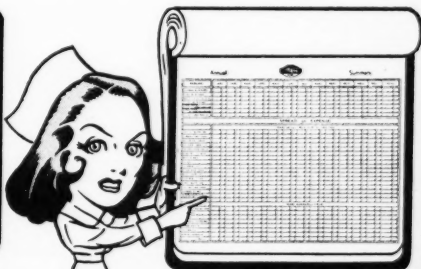
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Soft enough to burnish.
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Hygeaire Germicidal Ultra-violet Energy insures the rapid destruction of airborne bacteria and viruses... at low cost. In the dental office,—where dentist and patient are in close proximity over relatively long periods... where the dentist must work in constant danger of exposure... where clinical infection may result in the loss of days of practice, the importance of this protection to the progressive dentist is apparent... its significance to patients, profound.

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tures of efficiency and safety. Factually, in excess of 85% of the ultra-violet output of the lamp is within the germicidal range. The scientifically designed reflector provides for unprecedented intensity of the lethal beam. A permanently fixed baffle protects room occupants against direct exposure by confining the projected rays above the line of vision. Cost?... less than 3¢ a day for electricity and lamp replacements.



*Consult your dealer or
write us direct.*



AMERICAN STERILIZER COMPANY
ERIE, PENNSYLVANIA

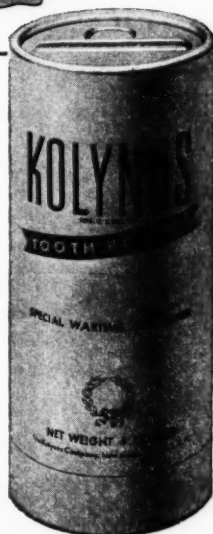
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**It's a
Habit!**



PATIENTS young and old quickly pick up the habit of brushing their teeth regularly once they try the new Kolynos Tooth Powder. Its fresh, delicious flavor makes adults and children alike *enjoy* using a tooth-brush. Pleasantly foamy and superfine, Kolynos Powder is an effective cleanser . . . leaves a clean, fresh taste in the mouth.

KOLYNOS
POWDER • PASTE



THE KOLYNOS COMPANY • NEW HAVEN, CONN.



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COOK-WAIT NO
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DOCTOR

DOCTOR, YOU'LL RELAX TOO!

When you feel assured of a complete and safe anesthesia . . . When your patient is comfortable and you can work unhampered by pain's interruptions . . . Novocain-Cobefrin for profound anesthesia for routine procedures...Novocain-Pontocaine-Cobefrin for those requiring prolonged anesthesia.

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CLINICAL INVESTIGATION in GINGIVITIS

**shows how 95% of the cases
improved in 30 days**

A report from a Clinical Investigation, supervised by practicing Dentists, shows that:

1. Out of a group of patients examined—795 had Gingivitis.
2. 95% of the Gingivitis Cases Improved in 30 days (after prophylaxis), by massaging their gums at home twice daily with Forhan's Toothpaste.
3. 100% of those who, on examination, had normal gums maintained gums in healthy condition.

Results from this Clinical Investigation clearly indicate that massaging the gums and brushing the teeth twice daily with Forhan's is an effective home adjunct to help guard against Gingivitis. A generation of Dentists have recommended Forhan's Toothpaste. Won't *you* please suggest Forhan's with massage?

Forhan's

with massage

For Firmer Gums—Natural Sparkling Teeth

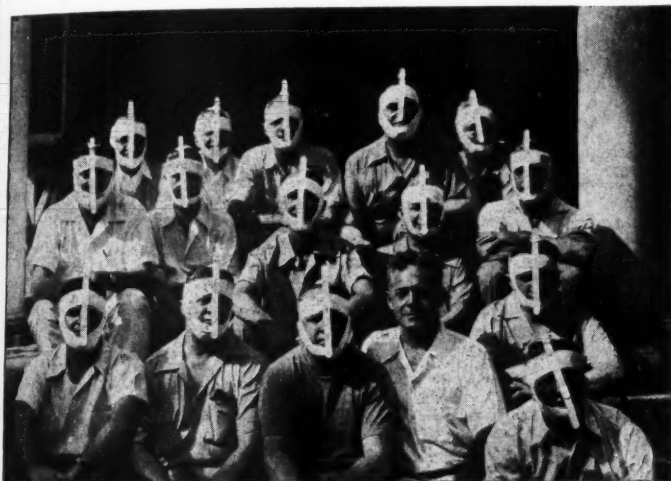


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Picture of the Month



JOHN JACOB POSNER, D.D.S., New York City, is shown with his class, the sixteenth group of dentists to take his annual postgraduate course. The dentists have bandaged into position a tongue depressor device for providing traction in anterior fractures.

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Ten dollars will be paid for the picture used in this department each month. Send your contributions with return postage to ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

OUR AMERICAN GUESTS

By EDWARD SAMSON, L.D.S.



International News Photos

Dental observations among U. S. Servicemen in England

IT HAS BEEN my pleasure and privilege to have as patients officers and men of the United States forces now in England. While the numbers I have seen place me in no position to form a considered judgment of American mouths and the dentistry supplied to them, I offer my impressions for whatever

value they may have.

In the first instance I may say that all these American patients I have seen came to me through the American Red Cross, whose clubs they were visiting while on a few days leave in this town. The fact that, in no instance, did any of them come to me on account of

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pain, and that they were prepared to use a considerable portion of their leave for dental treatment speaks highly for their respect for the principles of oral hygiene. Even more interesting is the fact that, when told that further treatment was necessary, they tried to obtain leave for this purpose, often traveling many miles to reach me. When one remembers that these men are in a country new to them, with many interests to offer, and that their few hours of leave are precious to them, it is a high tribute to the dental education in their home country that they should devote so great a proportion of time to dental care.

I do not consider it as a compliment to me that these men made every effort to have all necessary treatment completed. It should be noted that many of them were unable to receive treatment from their

own Army dental officers; these being too busy to accept other than urgent cases. Nevertheless, every patient who came to me did so voluntarily and never in emergency. Some of them would telephone immediately on arrival in town, asking for a prophylaxis. Needless to say I was often sorry to refuse them on account of my own pressure of appointments.

As to the mouths of American servicemen I have seen—too few to be of statistical or critical value—it must be said that the greater number were in an excellent state of repair. The exception to this were five men, all from Virginia, in whose mouths advanced caries was everywhere evident. Two of these patients admitted not having

Their majesties the King and Queen of England are shown passing a group of American soldiers who are playing cards at the American Red Cross Club.





Training and treatment go together when wounded American soldiers are brought to hospitals in England.

visited a dentist for many years. As five men cannot be accepted as a fair sample of dental conditions in Virginia the matter must be left as pure coincidence, unless American readers may have knowledge which will throw further light on this.

Impressed by Dentistry

I have attended, perhaps, fifty of these American soldiers and what most impressed me was the high percentage whose mouths were almost entirely free from dental disease. Many of them presented well-formed dental arches with teeth in excellent alinement and articulation. Whether this was the result of early orthodontic treatment or the natural anatomical formation of the patient I do not know. But since the men were nearly all of different types, many of different racial origin, it would suggest that environmental influences were more responsible for their dental excellence than hereditary ones. Here again the

number of patients examined could not afford sufficient evidence upon which to decide such weighty problems. One outstanding exception was a young soldier, a pugilist by profession, with an Italian name and of obvious Latin origin. His teeth were perfect and his arches presented all the characteristics of the best type of his race. In this case America can claim little credit for the dental perfection, unless it be that no American opponent in the ring had damaged the perfection of those teeth.

Compares Dentistry

It will provide some satisfaction to American dentists to know that I have seen similar numbers of men from Australia and New Zealand and, on the whole, their dental condition was inferior to that of the Americans. This, most emphatically, cannot be accepted as a criticism of our Dominion

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WILL HEAD BRITISH DENTISTS

Edward Samson, L.D.S., the author of this article, has been chosen President-Elect of the British Dental Association. Commenting in a recent issue on the honor that Mr. Samson has received The Dental Magazine and Oral Topics says, "His record of service to the profession is distinguished, and over many years he has given proof of rare ability, independence of outlook, energy and courage. Considering his gifts and personality, there will be cordial and general agreement with the view of the British Dental Journal that he is 'worthy of the highest office in the Association.'"

dentists nor of their patients; for I am convinced that profound factors, yet unknown, are responsible for the differences in the incidence of dental disease with reference to its geographic distribution. Indeed, numbers of these Empire

soldiers had undergone much and skillful treatment. Yet the very fact that it had been more necessary in their mouths than in those of the Americans offers grounds for serious reflection—even investigation—when times are more propitious.

Obviously, the experience of service dentists from the many countries concerned will shed more valuable light on these findings of mine, or alternatively, the great numbers with which they deal may produce evidence entirely contrary to that which I offer from my limited association with these men. In conclusion, I would make only one observation; the vast number of American patients who have been, and now are, receiving treatment from British dentists should form strong bonds between the dentists of both nations, for when they return home their teeth, I hope, will dispel many prejudices in regard to dentistry here, as my experience has established a great respect for dentistry "over there."

Bournemouth
England

THIS STORY WON \$100

THE TIMELY article by Edward L. Samson, L.D.S., President-Elect of the British Dental Association, wins the November ORAL HYGIENE award of \$100 offered for the best article published each month.

QUARTERLY DENTAL OPINION POLL

UNDER THE sponsorship of the Northwestern University School of Journalism a quarterly poll of dental opinion will be conducted by ORAL HYGIENE. Every three months a question of current professional interest will be submitted to readers of this magazine. The results of these opinion studies will be published. The first ballot appears in this issue and results of the balloting will be reported in February. Subsequent ballots will appear in the February, May, August, and November 1944 issues.

To insure scientific accuracy and validity the mechanism of the polling will be supervised by the faculty of the Medill School of Journalism of Northwestern University. The actual samples and tabulations will be made by Miss Rosa Huger, a graduate student working under a fellowship provided by ORAL HYGIENE.

Questions to be studied will be determined by Dean Kenneth E. Olson of Northwestern University and his staff with the cooperation of a Dental Advisory Committee. This Committee is composed of:

Guy S. Millberry, D.D.S., former dean, College of Physicians and Surgeons School of Dentistry, San Francisco, Chairman.

Marcus L. Ward, D.D.S., past-president, American Dental Association, and former dean, University of Michigan School of Dentistry, Ann Arbor.

Frederick B. Noyes, D.D.S., Sc.D., former dean, University of Illinois College of Dentistry, Chicago.

Ralph R. Byrnes, D.D.S., dean, Atlanta Southern Dental School, Atlanta, Georgia.

John W. Cooke, D.D.S., former chairman, Curriculum Committee, Harvard University School of Dental Medicine, Boston.

The results of these opinion studies will be made available to dental society officers to aid them in formulating programs for the betterment of dentistry. A ballot for the first quarterly poll is in this issue in the form of a postage-free card. Every dentist is invited to participate.

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THIS IS THE QUESTION

**Please express your opinions on the first quarterly
poll of the dental profession.**

The Wagner-Murray-Dingell Bill embodying The Social Security Act Amendments of 1943 provides for a national system of compulsory health insurance through a Unified National Social Insurance System.

The following services are provided:

- (1) Medical care by general practitioners
- (2) Care by specialists
- (3) Hospitalization
- (4) Laboratory benefits (chemical, bacteriological, pathological, X-ray, physical therapy, special appliances and eyeglasses) on direction of a physician.

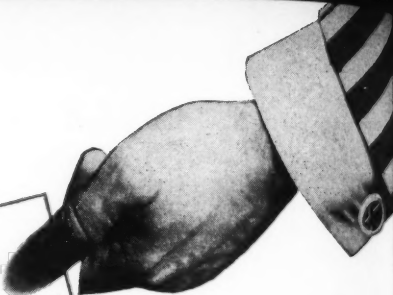
Every insured person will pay a social insurance contribution equal

to 6 per cent of his wages up to the first \$3000 a year. The employer also pays 6 per cent of the employee's wages. This total goes into a Treasury Department trust fund from which payments for health services will be made.

Patients may choose their own physician. Each person will be entitled to a maximum of thirty days of hospitalization in a benefit year.

Dental care is not provided for in the bill. The Surgeon General and the Social Security Board jointly will have the duty of studying and making recommendations as to the most effective methods of providing dental, nursing, and other needed benefits not already provided for under this bill, and as to expected costs of these benefits.

Poll closes December 10, 1943



Highlights of the Soldiers' and Sailors' Relief Act

DOUGLAS W. STEPHENS, D.D.S.

THE 1942 AMENDMENTS to the Soldiers' and Sailors' Relief Act of 1940 contain many far-reaching benefits to servicemen which are vital to every dentist, whether he is at home giving credit to his patients or is himself in the armed forces.

The new law permits postponement, under certain conditions, of all payment of debts by men in the military service until three to six months after they are mustered out. Upon application to the court, the Act gives dependents of a serviceman the same right it does the man in Service.

It prohibits interest at a rate in excess of 6 per cent per year upon debts of military personnel. Repossession or termination of contract by mutual agreement is legal only if in writing and exe-

cuted during or after the military period.

Of Interest to Dentists

If you, as a dentist, are called to Service:

1. You may terminate your office lease by giving one month's notice.

2. If the rent on your home is \$80 or less per month, your wife and family may not be evicted for non-payment unless the court should prove that you are able to pay the rent. As a commissioned officer, this might not affect you, for you would be able to pay the rent; however, you may own some rentable property and be affected indirectly. The rent the landlord loses is not a permanent loss but will not be paid until after the war.

3. You will not be liable for rent on stored goods, bills you owe prior to going into Service, or the mortgage on your home, until six months after the war, unless the court proves you have sufficient income to meet the payments.

4. Life Insurance

The government guarantees payment of premiums of certain life endowment and term insurance policies of those in the armed forces up to \$10,000 for the period of service and two years thereafter. The premiums paid by the government are like a loan against the policy which must be repaid after the war. Six per cent interest per year is charged on this.

5. Taxes—Personal Property

These remaining unpaid shall bear interest at the rate of six per cent per year until paid. No property of a serviceman can be sold for taxes until six months after the end of military service.

Income Taxes need not be paid until six months after the end of military service on income received before or during active service unless the court decides the serviceman is able to pay.

6. If the serviceman is unable to pay debts after the war and applies to the court during a six-month period after leaving the Service, he may have additional time in which to pay, equivalent to the period of time he was in the Service.

7. A serviceman cannot waive benefits of the Relief Act excepting terms of repossession or termination of contract by mutual agreement as outlined here. Guarantors, endorsers, and others liable for obligations of a serviceman may waive benefits of the Act unless they, themselves, are inducted into the armed forces.

8. The statutes of limitations do not run during the period of a person's military service.

9. Consideration is given by the court in all benefits to the ability of the serviceman to pay. If his income, or his wife's, is sufficient so he can meet his debts, he will be obliged to pay.

If you are a dentist in private practice and granting credit to your patients, the following points are important:

1. Before the court will give you a judgment against a debtor who is not in Service and who doesn't appear in court, you must file an affidavit showing that the debtor is not in the Service.

2. If the debtor is in Service and does not appear, the court may stay the proceedings or have the creditor file a bond equal to twice the amount of the debt.

In the case of a dental bill, paragraph two would hold true whether the debt was incurred wholly or partly before the man was drafted. However, it is possible for creditors to repossess goods of servicemen without going to court if the installment obligation was incurred after induction—but not before. Again, in the case of a dental bill, we are handicapped, for we have nothing we can repossess legally.

3. Supposing a patient, 'X,' who is classified as 1A in the draft, comes in your office and wants \$150 worth of dentistry on the installment plan, you may do one of the following:

(a) Refuse credit and not give the service unless patient pays cash.

(b) Extend credit and accept X's signature hoping he will pay before he is drafted or take the risk that he will pay anyway.

(c) Take the contract in Mrs. X's name. This is of little value for Mrs. X can apply to the court as a dependent of X. If she does this, the court will stay the proceedings unless her income is enough to take care of it.

Note: The relief accorded Mrs. X by the Act is not automatic; she must apply to a court for it.

(d) Take the contract in X's name and insist that the contract be guaranteed by a responsible third party who is not liable for Service. The guarantor must sign both a guarantee and a waiver. The waiver must be executed as a separate instrument from X's installment contract. This last is the preferred method.

General Points

1. The Relief Act applies to all members of the armed forces including Wacs, Waves, and Americans serving with the British and Canadian Armies.

2. It applies to officers and enlisted men alike except that an officer's rate of pay is likely to be sufficient for the court to decide that he is able to pay his debts.

3. Protection of the Relief Act, Articles I, II, III, commences upon the date of receipt of order to report to active duty. Other articles commence upon the actual

date of entry. As the first three articles cover most of the important benefits of the Act, except insurance and taxes, it might be said the Act commences upon date of receipt of order to report.

4. If a serviceman appears in court, to answer a suit against him for collection, he has a right to ask for a stay of proceedings until three months after he is out of the Service. If he does not appear, the creditor must file an affidavit showing the man is in the Service and the court may stay proceedings as indicated here or require the creditor to file a bond of double the amount of the debt in case the judgment is reversed at a later date.

5. If a military man buys something after he is in the Service on the installment plan and fails to make payments as promised, the creditor may repossess; but not if the purchase was made before the man went into the armed forces.

A dentist, not being able to repossess, must be careful of the credit he gives persons who might be called into the Service. After the husband is drafted, the dentist may give credit to his wife provided her private income seems to warrant it.

Fortunately, today is a day of free-flowing money. Patients do not ask for as much credit as in the past and, especially in the group of patients that might be called into Service, we should cut our credit to a minimum.

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Long Beach, California

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Military News



Dentists Past 38 Not Accepted:

Further granting of commissions to dentists who have reached their 38th birthday is now prohibited by the War Department, according to a memorandum from the Office of the Surgeon General. This supersedes the recent order, referred to in September ORAL HYGIENE, making dentists from 38 to 42, who failed to apply for a commission, available under Selective Service. An order permitting the commissioning of physicians who are between 38 and 45 is still in effect.

Navy Honors Dental Officers:

Naval vessels under construction will be named in honor of: Lieutenant Commander Thomas E. Crowley (DC) USN, killed in action at Pearl Harbor, December 7, 1941; and Lieutenant Edward J. O'Reilly (DC) USN, killed in action, in the Solomon Islands, 1942.

Veterans of World War II:

Policies have now been established at Veterans' Administration facilities relative to dental treatments for veterans, who have been discharged from service in World War II. Although it is the intention of the Army to make every effort to complete all essential dental service for enlisted personnel, once begun, prior to discharge, the Veterans' Administration already has received applications for dental service from discharged World War II veterans.

The following policies will govern treatment of enlisted personnel prior to discharge.

1. Policies Concerning Dental Treatment

a. The Veterans' Administration is in receipt of a number of applications for out-patient dental treatment from veterans, who have been discharged from service in World War II. In all of these cases dental treatment consisting mainly of the extraction of teeth had been initiated prior to discharge. It has been reported in many instances that the veterans have been advised to make application to the Veterans' Administration for the completion of the dental treatment inaugurated in a military installation, including the replacement of extracted teeth.

b. While it is possible under the provisions of existing laws and regulations for the Veterans' Administration to provide dental treatment, when indicated, to a veteran of this war who is hospitalized in a Veterans' Administration facility, it is not possible to establish service connection and to provide out-patient dental treatment for conditions either noted at enlistment or shown to have been present shortly after entrance into the military service.

2. Responsibility for Dental Treatment

a. The status of the soldier with reference to his retention in the Service should be understood clearly before any extensive dental treatment is started.

Every effort will be extended to complete all essential dental treatment for a soldier, once begun, prior to his discharge.

b. Dental officers will not inform those about to be discharged to make application to the Veterans' Administration for the completion of dental treatment which has been initiated but not completed prior to discharge from the Army.

Dentures to be Recorded:

A revision of paragraph 27a of Army Regulations No. 345-125, February 1, 1932, has authorized the entry on the service records of military personnel of "a brief description of dentures and other prosthetic appliances, together with date of issue."

Dispensary Hospital Units Formed:

Six new, independent dispensary hospital units have been completed at six auxiliary air fields in Florida and will be under the direction of Captain B. Groesbeck, Jr., (MC) USN, whose headquarters are at the naval air station, Pensacola, Florida. Three medical officers and two dental officers will be assigned to each of these units, which will supplant the present dispensary facilities. Each of these new units will be composed of portable X-ray equipment, complete laboratory facilities, flight surgeons' instruments, dark room and examining room in addition to the usual medical, dental, and pharmacy facilities.

EASTMAN DENTAL CLINICS USED BY NAZIS

TWO OF THE five Eastman dental clinics in Europe, those set up in Paris, and Brussels to give dental service to indigent children, are now rendering service to wounded soldiers from armed forces of Germany. Doctor Harvey J. Burkhart, director of the Rochester Dental Dispensary, has received this information indirectly from the enemy-occupied countries.

In the London clinic, one-fourth of the space is still used for dentistry and the Royal Free Hospital has moved in 185 beds to occupy the rest of the building, which is constructed of stone and steel. The clinic also is training dental hygienists for the Royal Air Force. The Stockholm clinic is having difficulty obtaining dental materials, but is operating at capacity just the same, according to a cablegram received by Doctor Burkhart. As to the future, Doctor Burkhart, who established the clinics for the late George Eastman, said recently:

"Many times in the past I've guessed wrong, but . . . I am confident those in control and their successors will make every effort to carry on after the war as they did before. In addition, I have the promise of dental organizations and schools in each country that they will support clinic projects in every way possible. This means caring for children's teeth without charge, or for a small fee in keeping with the parents' income, training hygienists, and affording an opportunity for practical experience and postgraduate study for dentists."

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BUNK OR GOLD BRICKS FOR DENTISTRY

"The planners and social workers . . . may play havoc with our profession as it is constituted today."

By CLIFTON A. H. SMITH, D.M.D.

A RECENT ISSUE of ORAL HYGIENE carried an article by John W. Cooke, D.M.D.¹ entitled BEVERIDGE IS NOT BUNK, with a sub-title stating, "This progressive plan for social security merits special study by dentists."

"Ah, at last," said I, "here is where we get the low-down on the postwar model of peace and light, with the millennium floating all around. Let's hurry and read all about it."

First came a paragraph on the enterprising American publisher whose red, white, and blue book on the Beveridge Plan is "now an accepted companion of other thought-provoking reading mate-

rial—" That's true; for the same publisher issued one of the best books on The Income Tax—an exceedingly well-read book throughout the year.

Next came a statement that Harold Laski was distressed because the British Government, while accepting the report, had refused to accept Beveridge's figures and clung to the "means test." Mr. Laski has been a most eminent Red apologist—the author of several books on Communistic practices. While the "means test" may have placed certain limitations on those who received medical or dental treatment, under the British panel system, any deserving person was assured of adequate care provided that he was unable financially to carry the burden.

Then came the part of Doctor

¹Cooke, J. W.: Beveridge is Not Bunk, ORAL HYGIENE, 33:1238 (September) 1943.

Cooke's article that hurt. He continued, "Sit-down opposition is obstructionist . . . the chronic obstructionist brands the Beveridge Plan as not practical, as too idealistic . . . faith in the Supreme Being is discouraged." Sir Thomas More, Plato, the Bill of Rights, Fourteen Points, the Atlantic Charter—all were abused by those terrible old obstructionists. Next, Doctor Cooke says something about "idealism in the pattern diagram of obstructionism." Sounds like semantics or kinetics.

Individualist Attacked

About then I began to understand that here was our friend the "rugged individualist" taking a licking without even knowing it. Later on, the private insurance companies and the profit motive come in for a few swift kicks. What has all this to do with Social Security? There is nothing in the article to show why the Beveridge Plan must be on our reading list in 1943, and plenty to show that the idea stems from the usual little group of *serious thinkers* who have messed things up ever since they were given their heads.

Sir Thomas More lost his head and so did several others because Henry VIII had dyspepsia or a reasonable facsimile thereof. The Bill of Rights even may be considered to protect obstructionists. As to the Fourteen Points, the peace that followed, together with the Kellogg Peace Treaties, National Prohibition, the economic and

disarmament conferences—oh, well—make your own list, but remember these were the products of *serious thinking*.

No Apologies Needed

Our profession need not apologize for its progress; and the truth is that the individual practitioner—the little fellow working alone—has built dentistry in the United States to its present eminence. Most of us know that we are dentists principally because we wish to be free—self-employed—competent to carry on our own affairs without outside interference.

To be sure, we have schools and colleges training dentists to a degree unknown a few years ago. The students are not all interested primarily in basic science but rather in everyday practical service, fitting them for the dentist's daily routine.

Here we, as a profession, have given offense to educational circles. Resentment has been aroused among pedagogues. They may clip our wings by substituting other methods of instruction. We have been threatened with assembly-line dentistry, or super-dentists competent to direct the labor of others. Our mechanically-minded, practical men obstinately refuse to bask in the rarefied air of true scholarship and profound reflection. There's the rub.

If we, as dentists, cannot justify our existence, the individual practitioner will be supplanted by some pedagogue's brain child, progres-

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sively educated and most certainly regimented and willing to do as he is told.

The general public has less interest in the Beveridge Plan than it has in the lack of beefsteaks. The planners, the social workers who will run things, and the politician, anxiously willing to ride a new hobby, may play havoc with our profession as it is constituted today.

Don't be misled by gold bricks for dentistry.

Let's be sure where our saviors lead, what their gospel means, and what it is going to be like in the "Brave New World."

If there are going to be any more discussions on the Beveridge Plan, let's hear about its specific provisions and not about the iniquities of the obstructionists. The everyday dentist is still an individualist until changed for the better or for worse.

350 Madison Avenue
New York, New York

DENTISTRY BANNED IN RESTRICTED DISTRICT

RESIDENTS of Berkley, a development in the village of Scarsdale, Westchester County, New York, have obtained an injunction against a dentist who attempted to conduct his practice in his home. Deeds to all the property in this development contained restrictions limiting the use of the land to residential purposes.

In granting the injunction in the Supreme Court of Westchester County Justice Patterson said, despite holdings seemingly to the contrary, "I think where a physician or dentist sees his patients, or a lawyer meets his clients at his house in a room which would normally be called his office, he thereby destroys the character of his home as a private dwelling, and it is no longer employed exclusively for residential purposes."

One unusual feature of the case was that the court considered as evidence the fact that the dentist had secured a special title policy protecting him in the event of an injunction against the practice of dentistry on the property. In the opinion of Justice Patterson this, in itself, indicated that the dentist construed the restriction as a prohibition against the use of the property for the practice of his profession.

THE COVER

THE GREATER New York annual meeting will be held December 6-10 in the Hotel Pennsylvania, New York City. Our cover is a photograph of a typical New York scene and was furnished by the publicity chairman of the meeting.

PRACTICE MANAGEMENT

in Wartime

By A. B. BRADLEY, D.D.S.

Rationing of dental service recommended as temporary expedient.

IN A LARGE number of cities and towns where wartime conditions have put an unusually severe strain on the dentists, it has been necessary to alter practice management considerably. As the demand for services is likely to increase even more, this is an appropriate time to review some of the principles of practice management.

Those principles of immediate interest are the ones which will enable the dentist to serve more patients, not by lengthening office hours to any great extent, but by adopting timesaving methods.

Some dentists are already using these methods but many of you who have not tried them, especially the one I mention first, will be amazed at the results. Incidentally, if you make each type of service command a fee in proportion to the time, cost, and responsibility involved, there is no reason to worry about a decrease

in income from changing practice methods. In many cases your income will increase.

The principles I recommend as of immediate interest are:

I. Ration, restrict, or postpone some types of dental service.

II. Rearrange office hours to accommodate people who are working longer hours.

III. Eliminate waste time:

1. Turn over many details to one or more assistants.

2. Use two operating chairs even if one is only a makeshift chair with attached headrest, or an old second-hand chair, if a new one is not available.

3. Have a definite routine for all ordinary types of service, such as prophylaxis, restorations, examinations, roentgenograms, and impressions.

4. Make a short, accurate diagnosis of the immediate service that is necessary, based on the facts of each case and past experience, using roentgenograms wherever necessary.

5. Estimate the time for each



appointment accurately, and be prompt. Also insist that patients be prompt.

6. Impress patients with the importance of giving ample notice, if they cannot keep an appointment.

IV. Set aside a short time each day and, if possible, on Saturday afternoons to take care of emergency calls by war workers.

V. Refer new patients, if you are extremely busy, to dentists in the community who are not so busy.

VI. Refuse to accept patients who wish to change dentists because of some minor dissatisfaction. This is a source of much wasted time and it is better to eliminate or discourage "shopping for dentistry."

VII. Be positive in relations with patients.

Principle Number I, rationing or postponing some types of dental service, I will discuss in detail as it is probably the most im-



portant at this time and has received the least attention.

The simplest method of ration-

ing these services is for each dentist to appoint himself as a committee of one, to ration his services according to the demands on



his individual practice. Where the service is to be postponed, it should be explained to the patient that it is not immediately necessary or urgent, and it will be perfectly all right to let it go for the time being, provided he returns in four to six months for observation. Most people coming in for a periodic examination are concerned about losing their teeth and, if they are assured there is no danger of that, and that their service can be postponed safely for several months, they are willing to cooperate.

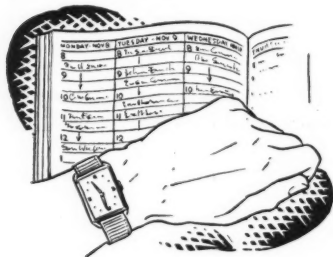
Types of services which can be postponed safely are:

1. Service given solely for esthetic purposes such as,

(1) Replacing old silicates which are slightly discolored but still serviceable.

(2) Prophylaxis and polishing where there is no appreciable deposit of calculus.

(3) Porcelain jacket crowns constructed for esthetics only when the appearance does not make it imperative.



(4) Single-tooth replacements in bicuspid and molar areas where there has been little evidence of the adjacent teeth drifting.

(5) Construction of new dentures when the old ones are still functioning fairly satisfactorily.

2. Replacing of restorations that are still serviceable but have slight marginal defects. Many of these old alloy restorations and silicates will give service for a long time. Frequently upon removing them the dentine is found to be entirely non-carious.

3. Placing of large restorations where there is only a slight penetration of the enamel on proximal or buccal surfaces of posterior teeth. In mouths that are not extremely susceptible to decay, periodic bite-wing roentgenograms will show that it requires from six months to two years for these teeth to develop extensive caries. Unless a dentist is an expert inlay

operator it is a mistake to open up these cavities which have not penetrated the enamel or have just barely done so. Of course, in those cases that show a high susceptibility to caries, and in deciduous teeth, decay is so rapid that the service should not be postponed more than a few weeks at the longest.

4. Extensive mouth reconstructions to restore vertical dimension, where function has not been seriously impaired, should be postponed.

5. Some types of minor surgical operations where the amount of benefit to be obtained is doubtful or small.

6. Orthodontia of a minor nature can be postponed safely for a year or longer.

If the demand for dental services and shortage of dentists becomes more acute it may be necessary to ration many more types of service and to confine our efforts to treating only the more urgent conditions that are presented. It



will be necessary to give much more emergency service. It is obvious that one dentist cannot offer

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When health insurance or panel dentistry arrive, and it seems inevitable that one of them will, dentists must be prepared to distribute their services or the profession will receive all of the blame for being unprepared. If workers have a percentage of their wages withheld to pay for medical and dental services, they will expect and demand prompt attention as

provided for in the law. Many of these people have not been seeking or receiving these services heretofore.

Rationing by dentists is one temporary expedient which should be used until a long-time postwar program can be started to take care of the large percentage of the people who have not received dental attention in the past.

419 Pleasant Street
Beloit, Wisconsin

YOUR STORY MAY WIN \$100

Write that story *today*.



If you are a dentist, a dental assistant, a dental hygienist or a patient—we want to know what you are thinking about.



Tell us how the war has changed your dental practice, what you are doing to promote the war effort, or what you think is going to happen to dentistry after the war.



If you have a human interest story about a dentist-hero, about a dentist who is doing something unusual outside of dentistry—a civic leader, an inventor, a radio or motion-picture star—write it down and send it along *today*.



A prize of \$100 will be presented each month for the best article accepted for publication in ORAL HYGIENE. All other manuscripts accepted will be paid for at the regular word rate.

It is important to remember that every article must have a dental angle. Specific articles will be given preference.



Here are a few rules to follow:

1. Do *not* write more than 1500 words.
2. Do *not* strive for a "literary" style. Write down your experiences or those of someone else in a simple, direct manner without padding or digressions.

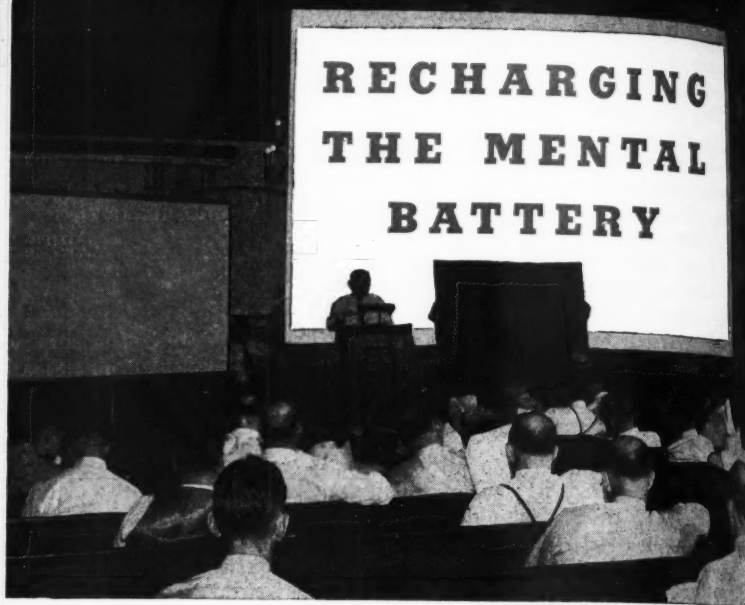
3. Your manuscripts should be typewritten, double-spaced, and sent with return postage.



Good pictures or drawings to illustrate your article will be welcome.



Your story may win the \$100 prize. Send it today to:
Edward J. Ryan, D.D.S.
Editor, ORAL HYGIENE
708 Church Street
Evanston, Illinois.



A classroom, Center for Continuation Study.

By **LEHMAN WENDELL, D.D.S.**

SOME DAY, let us hope soon, the war will come to an end and thousands of dentists will return to civilian life. They will have had many and varied experiences, some no doubt pleasant, others that they would forget gladly. But their chief concern will be trying to reestablish themselves in dental practice.

We must remember that, while these men are serving their country and protecting us at home, we are profiting by their absence. Their patients have become our patients and their private incomes have found their way into our pockets. Our indebtedness to these

men rests heavily upon our shoulders. When they return it will be no easy matter for them to begin where they left off, to resume a practice which in many ways is entirely different from that in which they are now engaged. Especially for the young men who stepped into Army life immediately upon graduation the task will be a difficult one. But here is where we, at home, can lend a hand. Our dental colleges, our societies, and even individual members of the profession can be of service to these men.

So-called refresher courses have become increasingly popular in

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Refresher courses are essential for civilian dentists and for those returning from the armed forces.

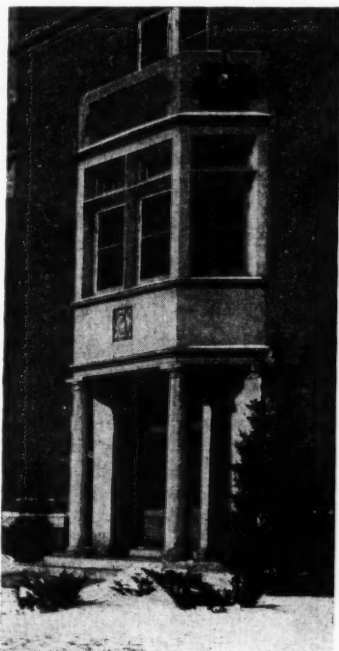
late years and these should be made available for all Servicemen upon their return. It is not too early to lay the groundwork for such courses now.

But refresher courses are needed also by those who remain at home. The battery of one's mental powers is likely to run down unless it is recharged from time to time. Unfortunately, some men are reluctant to "go back to school" in the false belief that they thereby admit that they have fallen by the wayside and have become back numbers. Others are of the opinion that they already know as much as anybody else, and that it would be a blot on their mental escutcheon to have somebody else try to instruct them.

Men who do not feel the need of an occasional refresher course are like the dentist down the hall who refused to take an exceptionally fine denture course, because, as he said, he knew more about denture construction than any man in Minneapolis. Yet this man was so soured on his profession that he once told me that he had been practicing dentistry for twenty-three years and had been trying to get out of it for twenty-two.

Several years ago a refresher course was offered by our district dental society, and a classmate of mine and I signed up for the course. At its conclusion I asked him how he liked it. "It was a

waste of time," he replied. "I didn't learn anything." "Neither did I," I replied, "but I don't feel the way you do about it. It is never a waste of time to review what one already knows, because it makes that knowledge more secure and more applicable. Furthermore, it gives one a tremendous satisfaction to realize that one has kept up so successfully with the profession-



Center for Continuation Study, University of Minnesota, Minneapolis.



al progress that nothing actually new has been learned in a course. The time and money invested in this course was well spent if for no other reason than to discover how little we had forgotten."

Experience Unreliable

More than one dentist has said that he doesn't feel the need of taking a refresher course because he has been practicing so long that experience has taught him just what to do in each individual case. Experience, he feels, is the most adequate teacher. That is a dangerous attitude to take. The school of experience, instead of being the best school, may be one of the worst, unless we add to its curriculum the larger school of the experiences and experiments of other men.

"Your own experience is too limited," says Doctor Albert Edward Wiggam. "You do the same things over and over again, with-

Dining room, Center for Continuation Study.

out realizing it, thinking you have learned the best way. So you're likely to be no better at your job at sixty than at thirty." Doing the same things always the same way, without checking up to see if there is a better way, may lead one into a rut. Just as a rut on the highway grows deeper and deeper and becomes more and more difficult to get out of, so a mental or technical rut can prevent one from adding to one's proficiency.

Limits to Knowledge

Men cannot advance much beyond the knowledge of their time. No matter how brilliant a man may be, the knowledge which he possesses is limited when compared with the sum total of all the knowledge embraced within his profession. To gather knowledge from others and not depend upon one's own ability entirely is, therefore,

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necessary for advancement. In seeking such knowledge the question often arises as to whether it should be obtained from members of one's profession, or whether one should lay aside professional pride and accept information wherever it can be had.

I recall an incident that happened years ago when I was an instructor in a dental college. I had spent some profitable hours with the representative of a large concern that manufactured teeth. The information was so valuable that I was anxious to have him appear before the members of the prosthetic staff. I mentioned the subject to one of our staff. The professor became so incensed at my suggestion that I was all but looking for a right uppercut to the jaw. "The very idea," he fumed, "to think of asking a commercial man to speak to a dental faculty!" "As far as I am concerned," I replied, "I am ready to receive information from a street urchin, if he can teach me anything." And under my breath I said to myself, "If you had come off your high horse years ago you might be a full professor by now, instead of an associate."

Refresher courses function best under the auspices of a dental college or a university. The University of Minnesota has an ideal set-

up for such a course at its Continuation Center Building, shown here. This is an attractive structure, with spacious rooms, and with all the facilities necessary for carrying on short courses on a variety of subjects. A splendid dining room furnishes three meals a day, while excellent sleeping quarters for the students are found on the second floor. Meals and room are included in the registration fee, which is amazingly low, being intended to cover the actual cost of a course. At each noonday meal a guest speaker discusses some timely or interesting subject not associated with dentistry. To take a course in such surroundings and to meet fellow practitioners in the classroom, in the spacious lounge, and at the lunch table, is nothing short of inspirational. As one visitor expressed it, "I was extremely impressed. It reflects the old, monastic spirit of scholarship without the rigidity of the monastery."

While refresher courses cannot be given everywhere under the same ideal conditions as at the University of Minnesota, it is possible to give such courses in almost any city, and no society or group of dentists should neglect such an opportunity to broaden their knowledge.

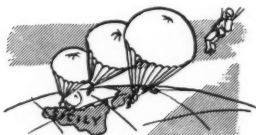
1001 Medical Arts Building
Minneapolis, Minnesota



Dentists in the News

New York (New York) Sun: One of the paratroopers cited for "Gallantry in Action" in the battle of Sicily is a former Philadelphia dentist, Captain A. P. Suer. In a letter written ten days after the invasion Captain Suer told how sixteen U. S. Paratroopers under his command captured a fort that was held by fifty-two Italians and well supplied with machine guns and ammunition. Later his unit joined up with reinforcements and stood off a German panzer battalion in a day-long battle. Describing this action, Captain Suer wrote:

"We were up against a battalion of Germans—panzers with huge Mark VI tanks, sixty-ton jobs, and there were just 300 of us. We, of course, lost some men, but the parachutists all are heroes. Here we were armed with nothing



ing heavier than machine guns, and we held off those monstrous tanks and armored infantry just by attacking, attacking, and again attacking.

"Just some incidents—two bazooka men creeping up within thirty yards of a tank, then the tank firing point blank at them with its 88mm. cannon and blowing them to pieces. And a sniper popping at me as I was bandaging a soldier. And a tank blowing up a

truck which we were using as an ambulance."

In his letter Captain Suer mentioned that Captain Dónat A. Savoie (DC) was another dentist who saw action as a paratrooper in Sicily.

Algiers (Africa) Yank: One of the screwiest jobs in the Army belongs to Sergeant Lawrence Gannan of Detroit, Private First Class John Hazuda of Williamstown, Pennsylvania, and Private Joseph Black of Detroit. They pump the field engines for Captain Francis Runde of Galena, Illinois, and other dentists in North Africa.

Known as the "Three Pumpers of Algiers," they place their good right legs on foot pedals for six hours a day and pump. The power thus generated turns the drills which the dentists use on GI teeth.

Greatest pleasure the "Three Pumpers" have had was the day a general was getting two "fillings." Their biggest disappointment was the day Mitzi Mayfair appeared while the pumpers were out to lunch, and Kay Francis pumped while Captain Runde worked. Private Hazuda was particularly disappointed that he had missed Mitzi.

"I sure would have loved to have seen her crunchers," he lamented.

Chicago (Illinois) Daily News: Every two weeks fifty-six boys who played football at St. George High in Evanston, Illinois, before they signed up for

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military service, get four pages of mimeographed news about the school and their friends in the armed forces. This bulletin is a newsy, informal creation of Doctor E. J. Norton, the former St. George football coach, assisted by his wife and his sister-in-law. Because of the demands of his dental practice after his brother, Doctor J. A. Norton, went to Camp Ellis, Illinois, he couldn't find time to maintain his correspondence with the boys who used to play under him. The mimeographed letter was the only solution.

Mrs. Norton helps assemble the news quoting liberally from the letters Doctor Norton receives, so the boys will know the whereabouts and activities of their friends. Mrs. Norton's sister cuts the stencils, runs the mimeograph, and handles the mailing. Doctor Norton is delighted with the response from his former athletes and has time now to take care of his dental clientele.

Des Moines (Iowa) Tribune: Doctor Charles R. Logan, a dentist of Keokuk, who was chosen unanimously to head the Iowa legionnaires for the coming year, was a professional baseball umpire in the Central Association League in 1916 while still attending Washington University, Saint Louis. After graduating in 1917 he enlisted in the World War for service as a private, serving at base hospitals in Cleremont

and Dijon, France. Following the war he continued his interest in baseball and in the years 1932 and 1933 served as president of the Mississippi Valley League.

Pensacola (Florida) News-Journal: Lieutenant Max de la Rua, former Pensacola dentist, now in the U. S. Navy Dental Corps, stationed in Bermuda, has the honor of being the driver of the only jeep in which a baby has been born. The Navy officer was driving a jeep in Bermuda with a soldier as passenger when he saw a man standing in a carriage and waving his hands. The man said his wife was about to give birth to a baby and asked Lieutenant de la Rua to drive them to the hospital. The Navy officer agreed and was soon speeding down the road, but the baby was born a couple of miles from the hospital. In tribute to the driver of the jeep the mother named her child Maxine instead of Carmine, as she had planned.

Chicago (Illinois) Tribune: In Santa Monica, California, William Chain



was charged with violating the dim-out
(Continued on page 1568)

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Ill.

Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties," John Milton

QUACKS IN SHEEP'S CLOTHING

MOST DENTISTS are honest, hardworking fellows. Few of them go to their graves with dishonest dollars in their estates. There are some quacks in dentistry, however. Not all of them hang out a showcase in front of their offices and call attention to their wares by bright neon signs. The most diabolical quack is the fellow who surrounds himself with an aura of saintliness and respectability. He puts himself up in a fine office building. He joins the best clubs and travels in the highest social circles. He is invariably a member of the dental societies and frequently he finds himself an officer—not that he gets there by accident, but by deliberate planning. He capitalizes on his dental society offices to the best of his ability. He lets drop to all his patients that he is the pillar of organized dentistry in the community. Sometimes he is connected with a dental institution where he engages in "research" projects and paints himself to his patients as the discoverer of all good and recent things in dental science and techniques.

These activities to aggrandize himself by featuring his dental society and dental school affiliations are peccadillos. His most grievous offenses come from what he does in the privacy of his operating room where he rules as Little King. There he practices with an eye to the pocketbook where every diagnosis is made with the money return in view. A person in evil financial circumstances is not told to have all pulpless teeth removed. A person in good circumstances, however, is likely to receive such a recommendation plus the suggested removal of a few other teeth

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for generous measure. Reason: the first soul has no money to spend for expensive prosthetic restorations, the second can well afford them. This quack in sheep's clothing makes a terrific markup on all prosthetic services. Those who come to him are sure to get an expensive bridge, inlays that they do not need, or extensive so-called pyorrhea treatments: that is, if these people are well-to-do. If they are poor souls who drift into his office they are fluffed off with a cement filling and occasionally a rough and ready scaling and polishing job on their teeth. The quack in sheep's clothing is likely to talk a lot about successful and secret methods of treatment; the implication being that he has devised these methods and that he, of all dental kind, is privy to the secrets. Shakespeare knew the type: "I am Sir Oracle and when I ope my lips let no dog bark."

The charlatan cares not at all to perform the simple corrective service; his avaricious eye is accommodated to searching for the large and expensive "cases." Correction of incipient caries is not to his liking. He prefers to rebuild bites, whatever that means; he never extracts teeth but performs surgical removals. Children in his practice are beneath the dignity of his exalted position. The children he sees begrudgingly; he treats them rough and hopes that they will not return until they have grown to man's estate, stalwart and strong—and ready for bridges.

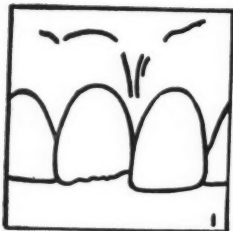
The peculiar thing is that this Ballyhoo Bill often prospers while his more accomplished colleagues in dental practice know the pangs of lack of patronage. People seem to like quacks, particularly if they cover their quackery with a charm-school manner, with hocus-pocus, and offices of grandeur. There are only, God be praised, a small percentage of dentists who are quacks in sheep's clothing. We offer a tribute to the hard-working honest men in dentistry and a hiss and a sneer for the few quacks.

Edward J. Ryan

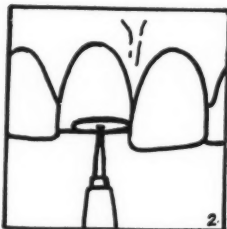


Conducted by W. EARLE CRAIG, D.D.S.

Drawings by Dorothy Sterling



Fractured incisal edge of right central.



With thin carborundum stone, smooth the fracture to a straight line. All margins are without bevels.



Countersink the dentine. With a round bur, drill two holes (to fit a 20 gauge metal pin) into the long axis of tooth, deep enough to provide anchorage but not deep enough to injure the pulp.

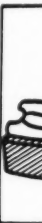
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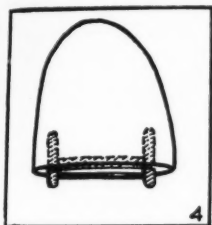


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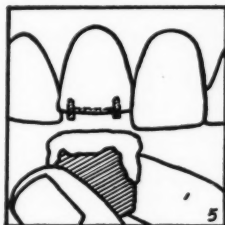
Acrylic-Metal Angular

Restoration for Anterior Teeth

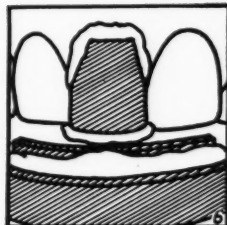
By Perley J. Lessard, D.D.S.



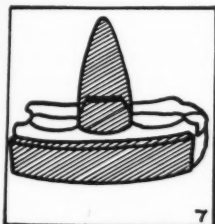
Into the drilled holes, insert platinum pins, 1/16" longer than the depth of hole, and fitting loosely enough to be withdrawn with the impression.



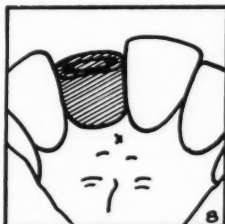
Fit copper band to tooth, fill with compound, and take impression.



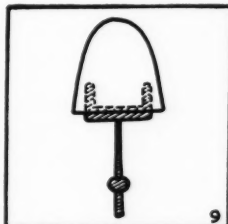
With copper band and compound still in place, take a plaster impression of tooth and contiguous teeth. Take a wax bite.



Varnish the pins in the compound impression to protect them from the amalgam which is next packed in and built up to a cone for retention in the stone.



Apply varnish to plaster impression and amalgam die. Pour model in stone and articulate.

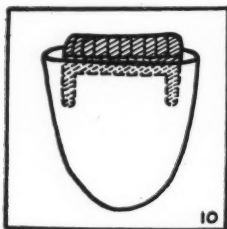


Replace pins in the die. Lubricate die and carve up core for gold casting.

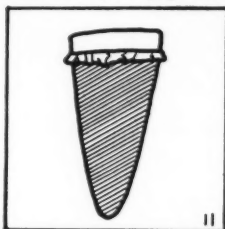
(Continued on following page)

Acrylic-Metal Angular Restoration for Anterior Teeth

(Continued from page 1567)



Try casting on tooth for fit, and etch gold casting as shown.



Burnish over the preparation .001 tinfoil, leaving an apron beyond the edges. Carve in colorless wax.



The wax pattern ready to be reproduced in acrylic resin.

NOTE: Before processing with acrylic, neutral colored cement, applied in a thin coat, should be painted on the prominent exposed parts of the core. The object of this layer is to keep the metal from showing through the acrylic veneer. The same result may be obtained by heating the core slightly and then applying a thin acrylic coat of suitable color into which a little zinc oxide powder has been incorporated to make it opaque.

DENTISTS IN THE NEWS

(Continued from page 1563)

ordinance. He told the court he had lost his denture and was driving with his headlights shining brightly in an effort to find it. "A personal crisis," ruled Police Judge Samuel J. Crawford, suspending a \$10 fine.

Chicago Tribune: Doctor V. H. Spensley, dentist of Albuquerque, New Mexico, whose son, Doctor Homer Spensley, died recently in a Jap prison camp,

went to Washington to confer with Secretary of State Hull. He hopes to set in motion a plan to establish a direct route through Russia for sending food and medical supplies to Japanese-held prisoners. Accompanying Doctor Spensley were Brigadier General Russell C. Charlton, state director of Selective Service in New Mexico, and Governor John J. Dempsey's representative, W. B. McCollum.

Awards for stories published this month in DENTISTS IN THE NEWS go to:

W. V. HILMEYER, D.D.S., 6253 Ellis Avenue, Chicago.

M/SERGEANT C. P. VANDERGRIFF, 447th Bomber Group, Army Air Force, Harvard, Nebraska.

DAVID DEUTSCH, 129 South Second Street, Brooklyn, New York.

MRS. MAX DE LA RUA, 1720 East Belmont, Pensacola, Florida.

Letter

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Dear Oral Hygiene

Letter from Senator Pepper

My attention has been called to an article by Doctor Howard R. Raper entitled PRODUCTION LINE DENTISTRY which appeared in the July, 1943, issue of ORAL HYGIENE.

This article discusses the Hyser Mass Dentistry Plan, which the author alleges has my support and that of the Subcommittee on Manpower Resources, of which I was Chairman during its existence.

Doctor Raper's assumption that this or any other system of dental practice has my indorsement is altogether unwarranted. I should like to point out that the so-called "Pepper Committee Report" to which Doctor Raper refers was not a report at all, but merely a transcript of the Committee's hearings. A description of the proposed plan, voluntarily submitted to the Committee by its author, was included among the exhibits printed as a supplement to the hearings, together with a great deal of material submitted by other individuals and organizations. Publication of such material in connection with Congressional committee hearings is a common procedure which serves the purpose of informing the public of the attitudes and activities of various persons and groups. In no way does such publication constitute an indorsement by the Committee or the Committee Chairman.

I definitely am not in favor of Doctor Hyser's plan and have not in any way indorsed it as stated in the article of Doctor Raper. Therefore, it would be appreciated if you will correct this error adequately in an early issue of your publication. — CLAUDE PEPPER (Fla.), U. S. Senate, Washington, D. C.

Smoking Before Patients

Twice—perhaps oftener—you have published a photograph with the legend "How To Kill A Dental Practice," for which I have a suggestion.

In my opinion the lapse indicated in the May and August photographs is venial compared to the fact that the dentist is smoking. It's an unsanitary habit at best—I have done my share of it—but it is worse in the office than anywhere else. In these pictures it is not adverted to, but the stress being put on something else, there is the subtle implication that it is quite all right.

If you will permit the Hibernicism, the way to kill a practice the deadliest is to smoke in the presence of the patient, or even to have your clothes reek of tobacco.

What a couple of duds those white-coated gents look while solemnly "practicing" with a cheroot or ciggy!—BERNARD ROSENBERG, D.D.S., 33 West 42nd Street, New York.

Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Immediate Dentures

Q.—Will you kindly advise me your reasons for constructing immediate dentures?—W. F. C., Massachusetts.

A.—The following are some of the good reasons for immediate dentures:

1. The protection they afford to a person's pride.

2. The fact that the patient's business and social life may be continued without interruption.

3. The maintenance of facial contour and muscle tone and function.

4. Maintaining the normal chin-nose relation and preventing the unnecessary development of wrinkles, sagging tissue, and jowls.

5. Preventing nerve pressure or other injury to the mandibular joint or impingement on and closure of the Eustachian tube, with impairment of hearing, head noises, such as roaring, snapping or hissing sounds, or more or less intense pain.

Man is the most adaptable animal on earth and it is Nature's constant endeavor to conform herself to the environment and tasks that are put upon her. I, therefore, firmly believe that a better ridge is likely to result under an immediate denture which is worn during the entire period while Nature is filling in the sockets with new bone and forming a ridge.

7. Last, and perhaps least, a fee is justifiable for immediate denture service for two reasons: First, it requires more time, patience and skill to make, place, and service them; second, they are worth more to the patient and most patients appreciate that fact and are perfectly willing to pay extra for the extra benefit and satisfaction which they enjoy.—V. CLYDE SMEDLEY.

Vitamin B

Q.—I read an article in a magazine stating that vitamin B can be injected in biceps of the arm to relieve dry sockets.

It is supposed to give relief in 20 to 30 minutes and has been effective in 69 per cent of the cases.

Kindly let me know if there is anything to this and, if so, how many cubic centimeters are to be used for an injection and how often you can give it if necessary.—M. A. C., Virginia.

A.—Your quotation of relief in dry socket cases, in 20 to 30 minutes after injection of thiamine hydrochloride, is apparently taken from an article by Osterloh¹, for he reports that pain ceased permanently in 69 percent of 130 cases after one injection.

Osterloh injects 1 c.c. of the drug, preferably in the "superior outer quadrant of the gluteus maximus muscle, although the trape-

¹Osterloh, J. P.: Thiamine Hydrochloride in Treatment of Dry Socket, J.A.D.A. 29:1445-1446, (August) 1942.

zios or biceps brachialis may be used."

If pain has been present for two or more days, injection is repeated in twenty minutes. If this does not bring relief, he uses a double injection the following day, preceded by the subcutaneous injection of 1 grain of codeine sulfate.

Lussier² also reports on the use of Vitamin B₁ in the treatment of dry socket. He says, "of 77 cases, excellent results were obtained in 10, very good results in 31, good results in 20, fair results in 10, and poor results in 6."

These are most encouraging reports and, as no harm results from the injections of Vitamin B₁, it would seem worth while to use it.

—GEORGE R. WARNER.

Acid Fumes

Q.—A patient has been referred to me by a steel company to determine if the condition of his teeth is the result of the action of sulphuric acid fumes.

The patient is 30, of Italian extraction, and has worked for the past two years in the pickling department where sulphuric acid is used.

His mouth is in poor condition and has had no prophylaxis for at least two years. There is quite a bit of black stain and some calculus. The gums are fairly firm and healthy.

The upper four anteriors from the incisal to the gingival, to a depth of about three or four millimeters, are tinged with a green stain and pitted slightly with roughness.

The lower teeth from cuspid to cuspid have a half circle of concavities showing defective development. These concavities are dark in color. They have the appearance of stained erosion. The surface of the right cuspid in the concavity is hard but sensitive to an explorer.

The patient says this condition, espe-

cially in the lower right cuspid, has become more apparent in the past two years, or since working with sulphuric acid.—J. N. B., Pennsylvania.

A.—Consulting an authority³ on your problem I have this quotation: "Sulphuric acid must be considered together with its anhydrides, sulphur dioxide and trioxide; for they are encountered in industry at the same point. SO₂ is given off when sulphur is burned with air supply, and in moist air it quickly changes to H₂ SO₄. This happens when it reaches the moist mucous membranes of nose, mouth and throat; and so it produces the well-known caustic effect of sulphuric acid."

This would make it seem possible for a man subject to sulphuric acid fumes, with his mouth open at times, or his lips parted perhaps a good deal of the time, to have his teeth affected, particularly in the very areas in which the teeth are affected in this case.

Your roentgenograms indicate loss of enamel on portions of the mandibular teeth shown.—GEORGE R. WARNER.

Sensitive Tooth

Q.—A middle-aged woman has a silicate cement filling in an upper lateral incisor, which was placed by a dentist she cannot consult because of the distance.

The tooth ached severely the day after the treatment. It pains at intervals now and has for a year.

Roentgenograms show no pulp complication. Of course, I do not know whether the cavity was lined properly or not.

What can you suggest?—B. F. C., New York.

A.—The safe thing to do with

²Lussier, N. A: Vitamin B₁ Therapy in Treatment of Dry Socket. J. Cal. D. A. 17:137-140, (September and October) 1941.

³Hamilton, Alice: Industrial Poisons in the United States, The MacMillan Company, 1925.

this case would be to remove the silicate cement filling and any caries that might be under it. Then fill the cavity with a sedative cement and await results. If the tooth becomes comfortable and remains so for several weeks, it probably would be safe to put in a new silicate filling with proper protection of the dentine against any possible irritation of the silicate liquid.—GEORGE R. WARNER.

Effect of Radiation

Q.—I am enclosing a roentgenogram which I kept in my pocket for a period of two or three months with a coin sealed over the film to test if I was being exposed to any radiation.

I do not hold the X-ray films in position for the patients and, when exposing the films, I try to stand behind the tube, away from the emanating rays.

What can I do to protect myself completely from exposure to radiation?—I. R., Brooklyn.

A.—The imprint of the coin on your film shows that you are exposed to the secondary rays of your machine. However, the film is not activated more than one would expect for a period of over two months, even if you are not doing a great deal of roentgenography.

In a test which I made with a film clipped to my operating shirt with a paper clip, my film was activated as much as yours in three hours. During that time I stood at right angle to the path of the rays and not less than six feet from the patient.

In my case I felt that I was getting too much radiation so I now stand behind a lead screen.

You can have a blood count made and, if it is normal, you may

feel that you are suffering no ill effects from the amount of radiation to which you are exposed.—GEORGE R. WARNER.

Resorption of Bone

Q.—About three years ago I made an upper immediate denture for my wife.

Now where I took out the six anterior teeth the process is soft so I can move it with my fingers. What is the cause of this, and what can be done to prevent a condition like this? Is there anything I can do to make the process firmer again?—H. K., Michigan.

A.—It probably is not the process that you can move with your fingers in the anterior part of your wife's mouth, but soft tissue beneath which the process has absorbed away.

If this is the case, there is no way to restore the resorbed bone, but the soft tissue can be removed surgically leaving a firmer but flatter base.

The probable development of such a condition can sometimes be foretold by examining roentgenograms before the teeth are extracted. If they show the bone to be thin and cancellous, it is advisable to make every effort to take care of and keep as many of the natural teeth as possible for as long as possible, to postpone or avoid having this condition.

Another way to prevent such resorption is to make sure when the full denture is first made that the mouth is supplied with all the lower back teeth, in good occlusal function, and that they are kept so by rebasing or remaking dentures as often as may be necessary to prevent excess occlusion on the anterior teeth at any time.—V. CLYDE SMEDLEY.

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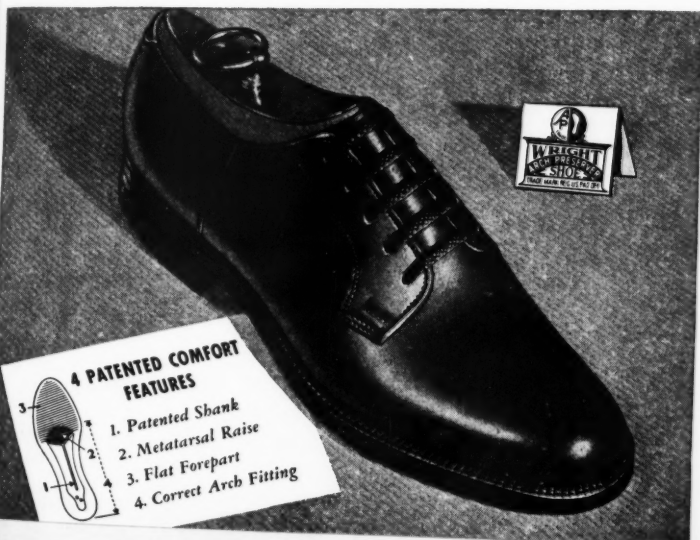
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The buses have a new motto: "The public be jammed."

★

"Cheer up, old man, why don't you drown your sorrow?"

"She's stronger than I am, and besides it would be murder."

★

"In this scene you make love to a caveman. Can you do it?"

"Well, I'll give the beast that's in me."

★

She planted herself firmly in front of him and gritted her teeth. "Henry," she snapped, "you thought I didn't see you, but I did. You kissed the maid."

He paled. "But, darling, you asked me to try and persuade her to stay another week."

Her attitude changed at once.

"Oh, Henry, tell me quick—did she promise to stay?"

★

Dora: "What's the difference between a fort and a fortress?"

Doughboy: "Well, a fortress is much harder to silence."

★

Visitor (at asylum): "Do you have to keep the women inmates separated from the men?"

Attendant: "Sure. The people here ain't as crazy as you think."

Mrs. Left-at-Home: "And how did you stop your husband from staying out so late?"

Mrs. Know-How: "When he came in late I called out, 'Is that you Mike?'"

Mrs. Left-at-Home: "And how did that help?"

Mrs. Know-How: "My husband's name is Jim, you know."

★

Mistress: "You know, I suspect my husband has a love affair with his stenographer."

Maid: "I don't believe it. You are only saying it to make me jealous."

★

Technician (having a rough shave): "I say, barber, have you another razor?"

Barber: "Yes, why?"

Technician: "I want to defend myself."

★

"Now, I'll im'tate shom-thin'," suggested the inebriated Joe, "an' you tell me wha' it ish."

Joe then proceeded to remain perfectly motionless while his pal took several wild guesses.

"No," said Joe triumphantly, "tha'sh all wrong. I's im'tash'n of man goin' up stairsh."

"But" protested, his friend, "you're not even moving!"

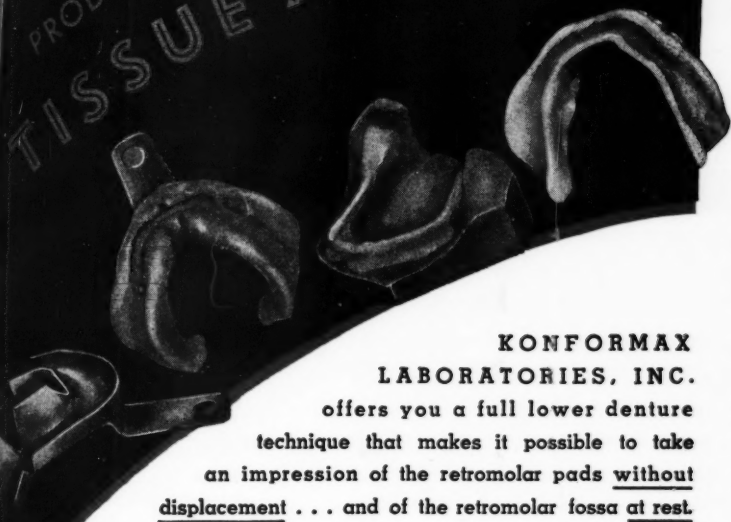
"Coursh not" agreed Joe. "I'm on an elevator."

★

Pvt.: "Why does Hitler have such a sour puss?"

Pfc.: "Because he wakes up every morning on the wrong side of the channel."

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**KONFORMAX
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offers you a full lower denture
technique that makes it possible to take
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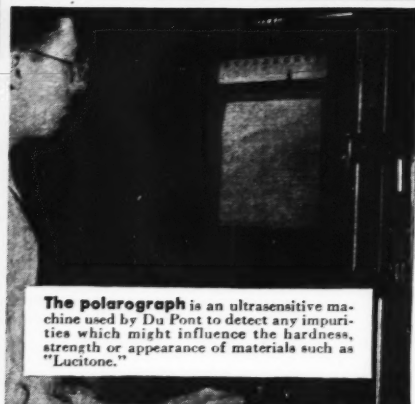
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FOR PRACTICAL FULL LOWER AND UPPER DENTURES."



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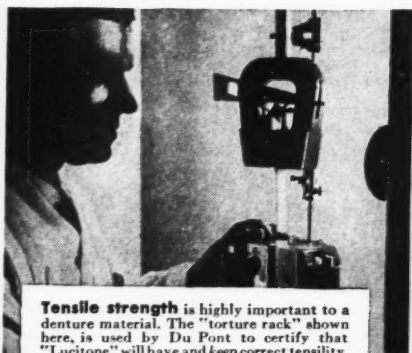
This constant temperature bath, used in determining the relative viscosity of a chloroform solution of methacrylate, helps Du Pont technicians to select the proper plastic for denture use.



The polarograph is an ultrasensitive machine used by Du Pont to detect any impurities which might influence the hardness, strength or appearance of materials such as "Lucitone."



This photoelectric colorimeter can detect color differences invisible to the naked eye. It assures Du Pont technicians—and you—that "Lucitone" will possess true flesh-and-blood pink/s which are outstanding.



Tensile strength is highly important to a denture material. The "torture rack" shown here, is used by Du Pont to certify that "Lucitone" will have and keep correct tensile.



Another proof that "Lucitone" can take those tough bites is this test Du Pont conducts for impact strength. Just one more check Du Pont technicians make that "Lucitone"

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EL A DENTURE WILL BE GOOD

Well known to Du Pont Plastics technicians is the fact that a denture can never be better than the *materials* and the *care* with which it is made. That's why the accumulated skill and resources of Du Pont chemistry go into the manufacture of "Lucitone" methyl methacrylate denture resin. Another reason is that certain, secret pride which demands production of the finest product possible.

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See on the facing page a few of the many experiences these test lots of "Lucitone" have undergone before this outstanding denture resin was chosen to serve you and your patients. Here is *confidence in the making*. E. I. du Pont de Nemours & Co. (Inc.), Plastics Department, Arlington, New Jersey.



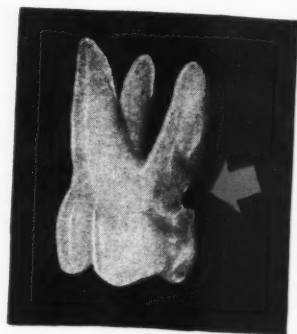
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*on how to avoid these grooves in
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Recent clinical and laboratory studies seem to indicate the true cause of grooves like the one pictured on the opposite page. While results of this research run counter to many widely-held beliefs, they confirm the findings of earlier studies by dentists and scientists engaged in research.*

We believe the summary of these studies will prove extremely interesting to you—and help in overcoming a condition frequently encountered in general practice. We would value your opinion, Doctor, after you have read this booklet.

* Booklet provides bibliography.

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Division 100, Cincinnati (2), Ohio

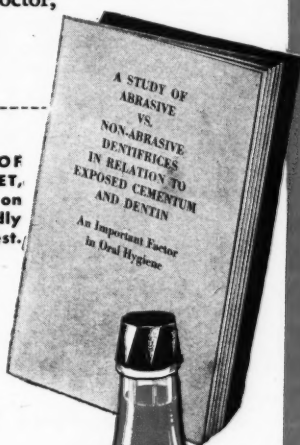
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Please send me free and postpaid a generous sample of TEEL and a copy of the booklet, "A Study of Abrasives vs. Non-Abrasives Dentifrices in Relation to Exposed Cementum and Dentin." I understand this incurs no obligation of any kind on my part.

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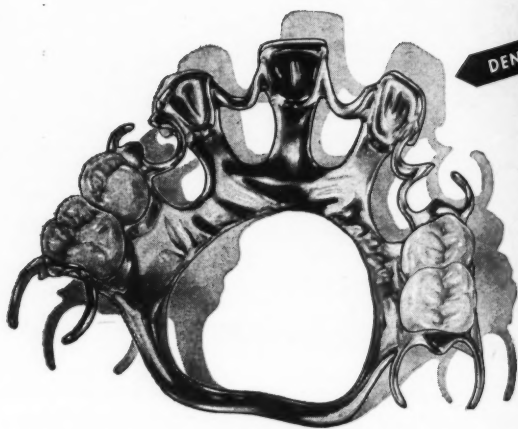
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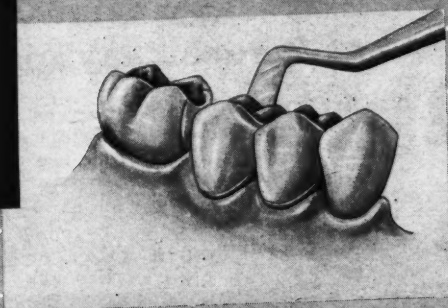
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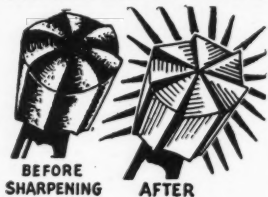
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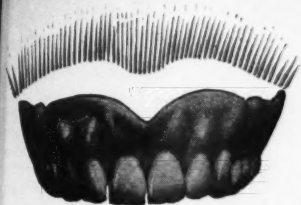


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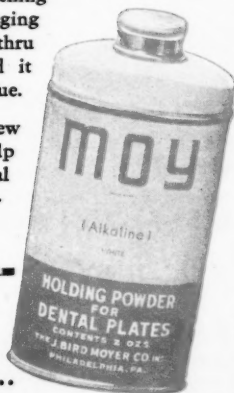
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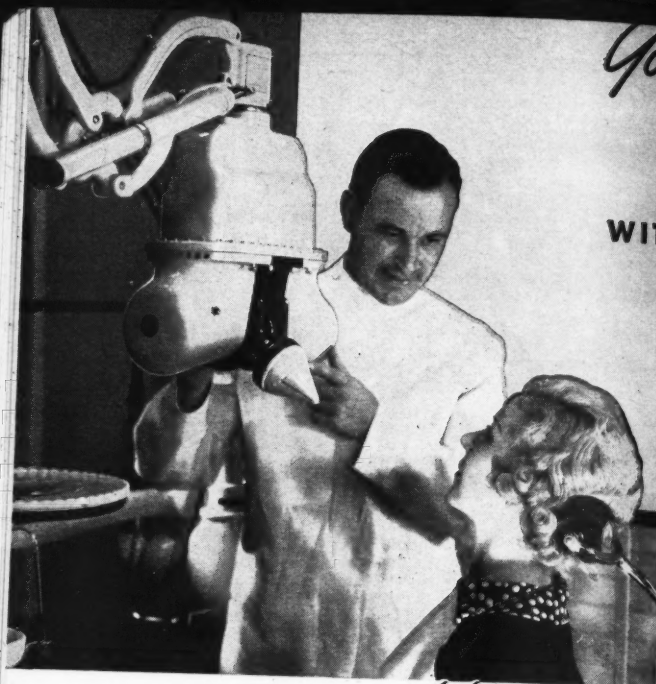
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FLASK - \$2.50 EXTRA.
SHADES MAY BE PURCHASED SEPARATELY AT VERY LOW COST

Have You Tried...

CORALITE Improved DENTURE ACRYLIC

CERTIFICATION ACCEPTED BY A. D. C.

GUARANTEED TO BE THE BEST YOU'VE EVER USED

\$2.50 PER 7 UNIT PKG. - \$7.00 PER POUND PKG.

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Acryfoil

REG. U.S. PAT. OFF. AND IN FOREIGN COUNTRIES

BETTER THAN TINFOIL FOR PROCESSING ACRYLIC DENTURES

Acryfoil greatly simplifies processing acrylic dentures. It gives dentures a hard, smooth, glossy, polished surface, saving much time usually spent in finishing and polishing. Leaves no wrinkles.

Non-inflammable. Contains no harmful solvents.

2 oz. Bottle.....	\$1.00
8 oz. Bottle.....	\$2.00

from Your Dealer or Direct

ROCKLAND DENTAL CO., Inc.
Laboratories - 143 W. 41st St., New York

YOU JUST CAN'T STOP



using

Crescent Stopping



- MADE OF BEST GUTTA PERCHA
- IS NOT MEDICATED
- WILL NOT IRRITATE TISSUES
- LEAVES NO TASTE IN MOUTH

4 oz. GLASS JAR \$1.

CRESCENT DENTAL MFG. CO.
1839 S. Crawford Ave., CHICAGO

*Assures thorough cleansing of
the occlusal, labial, lingual
and interdental surfaces*

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Proper brushing technique as recommended by you is made easier with the Dr. West's Miracle-Tuft Oro. For the Oro's small brushhead and straight brushing plane assure that *all* surfaces are reached. And the Oro's "EXTON" brand bristling—sturdy, non-wilt bristles last longer—do a more thorough job of tooth cleansing. Your personal test of this brush is invited.

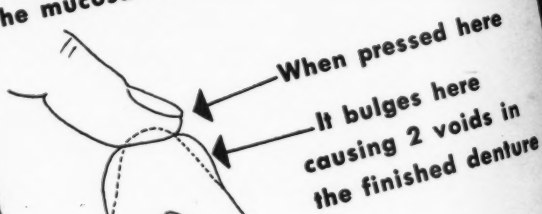


- Brushhead is $1\frac{1}{8}$ inches long. Bristle tufts are widely spaced in two rows of six tufts each and properly trimmed for interproximal brushing.

ORO 50¢

Remember -

The mucosa is almost non-compressible



When pressed here
It bulges here
causing 2 voids in
the finished denture

Impressions must be taken without pressure
on any area to produce dentures
with maintained
stability.

Zorite

IMPRESSION CEMENT is a pleasant resinous cement which (unlike plaster or oil-pastes) sets harder than compound by action of moisture in the tissue. It produces an exact, detailed negative of the mucosa in passive, normal state—and thus, a denture in uniform contact with tissue.

It has many advantages: Highly accurate, no separation medium necessary, setting time under positive control, may be used as temporary rebase for weeks. Rounded, full functioning peripheral areas may be added by using our new Synthetic Impression Wax.

Synthetic

IMPRESSION WAX, a new Bosworth product, is hard at 70° F., rigid at 85°, has 98% plus flow at 98.6°. It adheres well to dry surfaces and may be applied easily with fingers by flaming.

Thru your dealer.

Write for full information.

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Suggestions
for the use of
Diamond Pointed Instruments

USE
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Written and illustrated
under the supervision
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and certainly well worth the
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MATURE BEAUTY

...in Nature

How dear to us is the beauty of Nature at her mellow best . . .
colorful, warm, mature . . . full of soft, quiet beauty.

In a comparable way, aging has a similar effect on natural teeth.

To attain true beauty in artificial teeth, the soft, mellow
tones and characteristics of mature, natural teeth must be duplicated.
Myerson's True-Blend and Characterized Teeth achieve this dupli-
cation with great fidelity.

Skilled craftsmen simulate the blendings, striations, erosions, and
irregular incisal edges; in fact, the many beautiful effects of
natural teeth.

True-Blend hand blended teeth avoid the sameness of mechani-
cally-made teeth.

Myerson Teeth are stronger, too, both in processing and in use.

...Dr. Myerson's

TRUE-BLEND *Anteriors*

and TRUE-KUSP Posteriors

IDEAL TOOTH INCORPORATED

CAMBRIDGE, MASSACHUSETTS



"EXPOSED"

TO MULTIPLE VITAMIN DEFICIENCY

*I*n addition to the individual whose diet is poor, many persons whose dietary is adequate are exposed to multiple vitamin deficiencies because of:

1. Conditions increasing normal vitamin requirements; e.g., pregnancy; rapid growth; physical exercise; febrile states, etc.
2. Factors interfering with absorption.

The dentist sees many cases of dental defect which no doubt are due directly or indirectly to these causes of malnutrition. Protective therapy includes supplement-

ing the diet with a suitable vitamin formula.

WHITE'S NEO MULTI-VI CAPSULES

are rationally balanced—providing 8 vitamins, including all those clinically established, in amounts that supply a good "safety margin" beyond basic adult daily requirements* yet not wastefully in excess of the needs of the average patient.

Bottles of 25, 100, 500, 1000 and 5000 capsules. Ethically promoted—not advertised to the laity. White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

**Established by Food and Drug Administration.*

White's **PRESCRIPTION** *vitamins*

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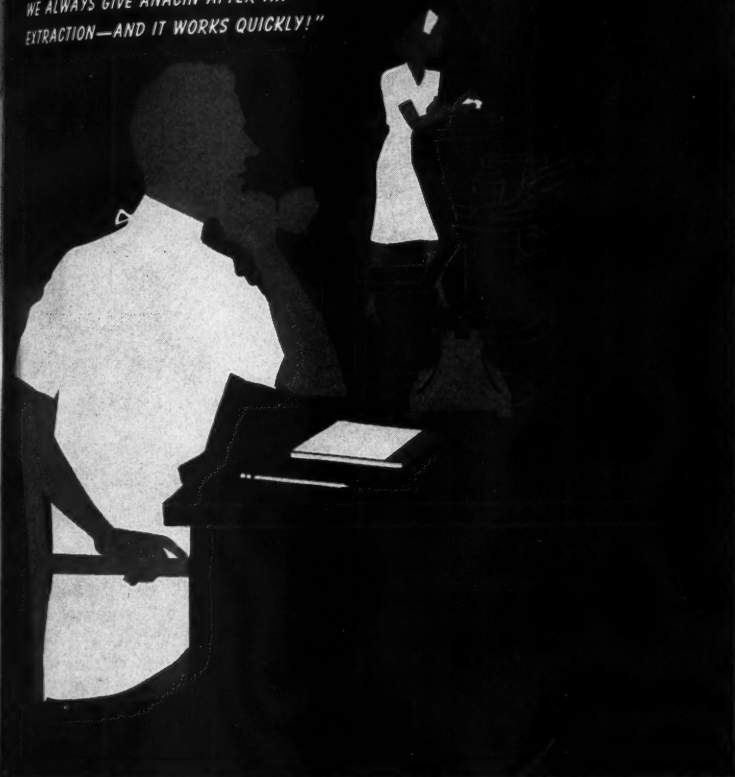
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"DON'T WORRY ABOUT PAIN, MRS. WHITE.
WE ALWAYS GIVE ANACIN AFTER AN
EXTRACTION—AND IT WORKS QUICKLY!"



WISDOM AND JUDGMENT BUILDS A SOUND PRACTICE

Anacin, with its combination of effective ingredients, gives prompt relief after extractions. Write to us on your letterhead if you are not already using the monthly Anacin service. Address inquiries to



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*Will you help
him come back
—Alive?*



MAYBE you never thought of War Bonds—as *savers*—and yet that's exactly what they are. Look at a War Bond . . .

A piece of paper. Weighs a tenth of an ounce, to be. Printed in black and green ink.

Signed by the Secretary of the Treasury of the United States, and backed by the power and good faith of the world's mightiest nation.

But there are some things it *won't* tell you. Things that come from *your* heart. More important than interest. More important than security.

LIVES! Of clean, smiling American boys. Hundreds of thousands of them. Their lives depend upon you, to

Keep on Buying War

PUBLISHED IN COOPERATION WITH THE U.S. GOVERNMENT
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...as for the rifles they fire . . . shells for the cannon
they blast Jap landing barges . . . bombs that drop from
airplanes . . . tanks that roar to the attack . . .
... ships . . . submarines.

Supplied in abundance—and on time—they spell
difference between life and death—between Vic-
tory and defeat.

That is why it is up to us—here—now—every-
one—to buy War Bonds not only as an investment
in our own future security—but as an investment in
human lives today.

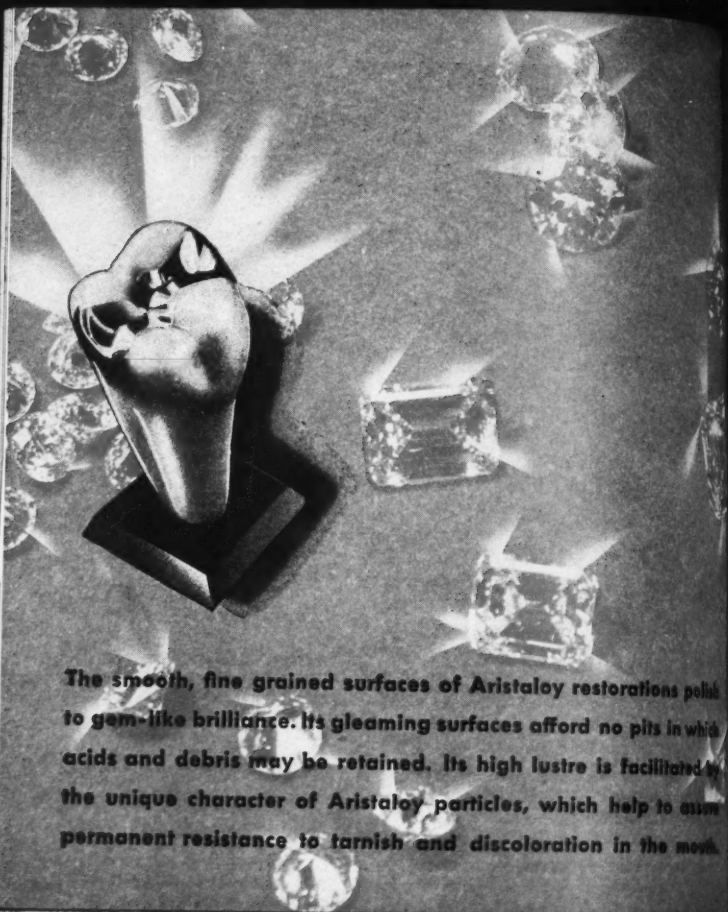
Think of *that* when you think of War Bonds.
And you, too, will help him come back—ALIVE!

in War Bonds!

...THING, COSMETIC AND ALLIED INDUS-
...CKERS OF DR. WERNET'S POWDER

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1. War Bonds cost \$18.75 for which you receive \$25 in 10 years—or \$4 for every \$3.
2. War Bonds are the world's safest investment—guaranteed by the United States Government.
3. War Bonds can be made out in 1 name or 2, as co-owners.
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5. War Bonds can be cashed in, in case of necessity, after 60 days.
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The smooth, fine grained surfaces of Aristaloy restorations polish to gem-like brilliance. Its gleaming surfaces afford no pits in which acids and debris may be retained. Its high lustre is facilitated by the unique character of Aristaloy particles, which help to assure permanent resistance to tarnish and discoloration in the mouth.

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All Steele's teeth are interchangeable and this feature has indispensable advantages: Shades can be easily changed without reconstructing the case. Longer facings can be substituted in case of gum recession. If a breakage occurs the interchangeable tooth can be easily and quickly replaced.

Note that in the case of Steele's New Hue facings, grinding off the incisal shoulder and extending the backing to the incisal edge *destroys the interchangeability* of the facing and impairs its natural beauty. If a case requires metal reinforcement at the incisal edge it is best to use Steele's Regular or Trubyte facings—which are *designed* for metal reinforcement at the incisal edge.

Steele's NEW HUE *Interchangeable* FACINGS

THE COLUMBUS DENTAL MFG. CO. • COLUMBUS 6, OHIO



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VICTORY
PACKAGE No. 1**

Contains:

- 6 DIRECT-MATCHING POWDERS (6 naturals)
- 2 BOTTLES OF LIQUID and the dividend of
- 1 POWDER (most popular shade) and 1 LIQUID

A \$2400 Value for \$1665

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Matching natural tooth shade is simplicity itself with Synthetic Porcelain because the 6 natural powders (20, 21, 22, 23, 24, 25) duplicate, *without blending*, the predominating shades found in the teeth of your patients. This direct-matching system is one of the important reasons why Synthetic Porcelain has maintained its more-than-thirty-years'-leadership in the field of esthetics.

The new 6-2 Victory Package No. 1 is the money-saving way for you to replenish your stock of Synthetic Porcelain. You receive an extra dividend of powders without additional cost. And, if by chance, a few may not be using Synthetic Porcelain, the 6-2 Victory Package No. 1 is their economical way to begin enjoying Synthetic Porcelain's multitude of advantages.

PORCELAIN



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IMMEDIATE DENTURES

CO-RE-GA not only retains the denture during the healing process, but practically enables the patient to "rebase" his denture daily, while the progressive alteration in the fit is taking place.



THE PERFECT ADHESIVE
FOR DENTURES



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PLEASE SEND FREE SAMPLES FOR PATIENTS

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Three daily servings (1½ oz.) of Ovaltine provide:

	Dry Ovaltine	Ovaltine with milk*		Dry Ovaltine	Ovaltine with milk*
PROTEIN	6.0 Gm.	31.2 Gm.	VITAMIN A . . .	1500 I.U.	2953 I.U.
CARBOHYDRATE .	30.0 Gm.	62.43 Gm.	VITAMIN D . . .	405 I.U.	480 I.U.
FAT	2.8 Gm.	29.34 Gm.	THIAMINE9 mg.	1.296 mg.
CALCIUM25 Gm.	1.104 Gm.	RIBOFLAVIN . .	.25 mg.	1.278 mg.
PHOSPHORUS . .	.25 Gm.	.903 Gm.	NIACIN	5.0 mg.	6.9 mg.
IRON	10.5 mg.	11.94 mg.	COPPER5 mg.	.5 mg.

*Each serving made with 8 oz. milk; based on average reported values for milk.

Nutritional Needs

Multiple exodontia and operative procedures about the mandible, maxilla, and palate make mastication difficult and necessitate the use of a liquid dietary. In the formulation of such diets, palatability, easy digestibility, and a high content of nutritional essentials are the sine qua none.

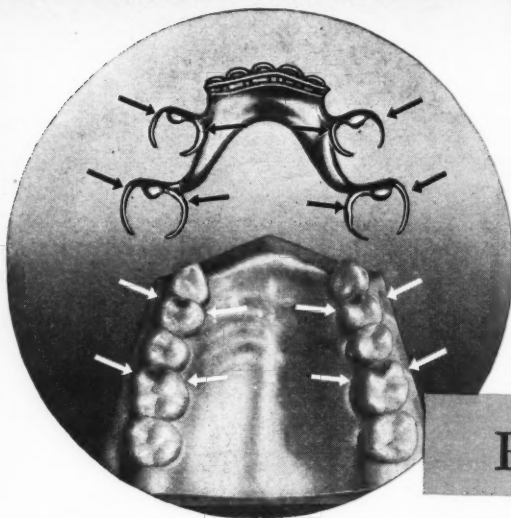
Ovaltine may well be the principal source of essential nutrients and caloric food energy when a liquid diet is indicated. Its well-balanced composition permits of satisfying virtually every metabolic food requirement. The palatability of this delicious food

drink assures patient cooperation, enabling the dentist to prescribe as many glassfuls per day as deemed required.

The proteins of Ovaltine are biologically adequate and its fat is highly emulsified. Ovaltine supplies vitamins A and D and the B vitamins, together with needed minerals and easily assimilated caloric energy. Its low curd tension facilitates gastric emptying, thus encourages consumption of adequate amounts to sustain the metabolic processes. The Wander Co., 360 North Michigan Avenue, Chicago, Ill.

Ovaltine

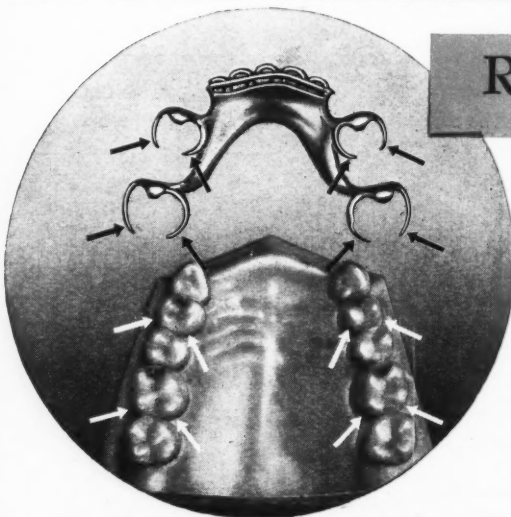




The eight strong shoulders of the #1 Clasps supply ample support to prevent lateral movement.

Bracing

● The usual design for this type case employs so-called "double-clasps, back to back" on the first molar and second bicuspid on each side of the arch, and is seldom satisfactory. For such clasps to function efficiently there must be distal undercuts and no mesial undercuts on the molars and mesial and no distal undercuts on the bicusps, a condition which rarely exists. By giving the model a slight posterior tilt to provide distal undercuts on all the clasped teeth and placing the four #1 Clasps as illustrated, essential Bracing, Support, and Retention are provided.



Retention

The eight resilient clasp arms retain the appliance securely in its seat, preventing dislodgment by sticky foods or gravity. Because they are placed far back in the arch they also counter-balance the leverage of the anterior saddle and keep it from rocking tissueward on the bicuspid rests. The esthetic value of the case has been increased by avoiding any display of gold clasps on the cusps.

NEY-OR

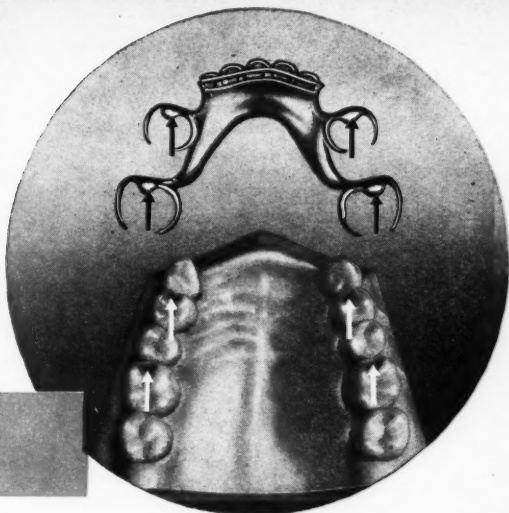
Unit price \$

PALINE

Unit price \$

THE J.M. HART

shoulders of the four prepared occlusal
supply ample support to prevent move-
ment tissueward.



Support

● One of the outstanding and unique advantages of gold as a dental structural material is its resiliency. This property permits much greater freedom in designing partial dentures because all desirable undercuts can be utilized to the full for retention. And comfortable, efficient retention is a prime requisite of every successful partial.

To illustrate the moderate difference in cost between yellow and white golds of comparable properties, this casting (as shown) contains less than \$11.00 worth of NEY-ORO G-3. In white gold, PALINEY #4, the metal in the finished and polished case would come to \$5.50.

NEY-ORO G-3

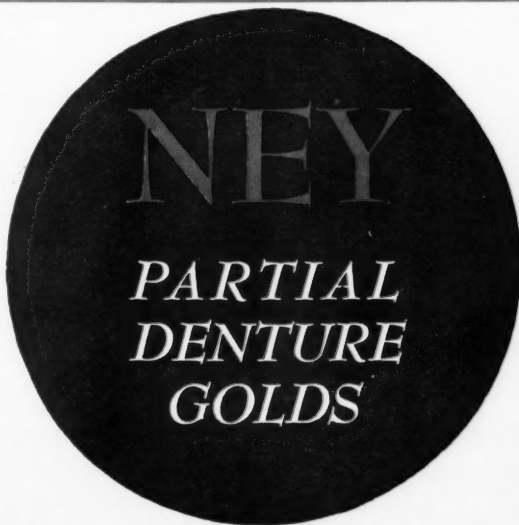
Unit price \$2.00 per dwt.

PALINEY #4

Unit price \$1.25 per dwt.



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Today—more than ever before—more dentists and more dental assistants are insisting, “**BE SURE THEY'RE DUPONT X-RAY FILMS.**” And with good reason—for DUPONT is a fast film offering great latitude over a wide range. In addition there are such important special features as the “PULL-A-TAB” opening and “double identification.” Best of all —



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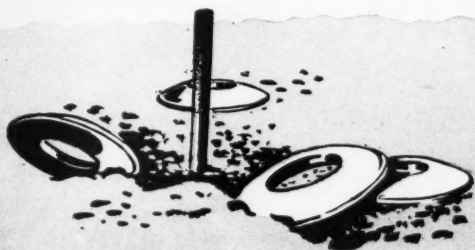
FINK-ROSELIEVE CO., Inc.

MEDICAL DENTAL DIVISION



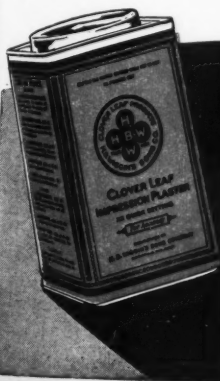
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But NOT in PROSTHETICS

No denture can fit properly unless the impression has been exact. And that's just where Clover Leaf Plasters make their all-important contribution to patient satisfaction. Extremely fine grained, these precision impression plasters accurately reproduce every minute detail of teeth and tissue.



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*is pleased to announce
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11 September 1943

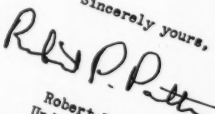
To the Men and Women
of the Novocol Chemical Manufacturing Company, Incorporated
2911-2923 Atlantic Avenue
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This is to inform you that the Army and Navy are conferring upon you the Army-Navy Production Award for great accomplishment in the production of materials needed in the war effort.

This award symbolizes your country's appreciation for the achievement of every man and woman in the Novocol Chemical Manufacturing Company, Incorporated. It consists of a flag to be flown above your plant and a lapel pin which each of you may wear as a sign of distinguished service to your country.

I am confident that your outstanding record will bring victory nearer by inspiring others to similar high achievement.

Sincerely yours,



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Under Secretary of War

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Effective SURFACE ANESTHETIC

NUM has everything it takes—

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FOR BETTER FITTING DENTURES USE

KELLY'S *Impression* PASTE

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ACKERMAN TRABASE SOLVES YOUR INDIVIDUAL TRAY PROBLEM



1 to 2 hours valuable laboratory time is saved when you use TRABASE. Then, too, the cost is but a fraction of Vulcanite or Metal Trays.

CHECK THESE FEATURES

1. TRABASE is high fusing and will not distort from mouth temperature or LOW HEAT COMPOUND.
2. Additional material can be added if over-trimmed.
3. Easily adapted with Bunsen Burner in 10 minutes.
4. No waiting for processing—save 1 to 2 hours laboratory time.
5. Costs less than 15c each.
6. Double thickness assures strength and rigidity.

Order from your dealer — Money Back Guarantee

ACKERMAN DENTAL MFG. CO.
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*Repair Acrylic Dentures
This New Easy Way*

ACRI-WELD makes the repair of Acrylic dentures a simple routine procedure. With ACRI-WELD, repairs are made quickly, and the results are exceptional. Try ACRI-WELD today . . . a jar contains enough material for over 50 repairs costs only \$2.50.

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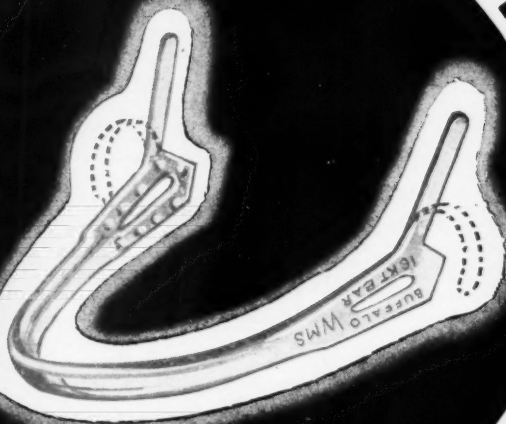
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COMPANY, INC.**

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quickly ada
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full 16 kar
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Buffalo, N.

TAILOR-MADE FOR THE NEWER TECHNIQUES



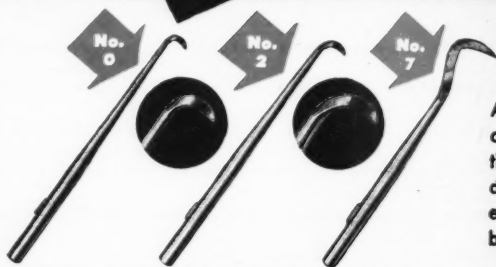
Specifically designed for the newer acrylic cases, Williams Spur-Saddle Lingual Bar is quickly adapted, with reinforcing "spurs" which lie neatly over the ridge and between the teeth without bulkiness or interference. Entire bar anatomically contoured—and full 16 karat. Corrugated, slotted ends assure perfect retention in the denture material. Ask your dealer for full details—or write. Williams Gold Refining Co., Inc., Buffalo, N. Y.; Fort Erie, N., Ont.; Havana, Cuba.

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SPUR-SADDLE LINGUAL BAR

A real "Butt"

SPECIAL MORSE SCALING UTILITY



A new, sharp
can be inserted
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dile as quickly
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THREE TYPES THAT MEET VIRTUALLY EVERY SCALING

THE RANSOM & RANDOLPH

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**6 EACH OF THE THREE
MOST POPULAR TYPES
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NON RUSTING..NON TARNISHING**

**ALL FOR
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HELPS TO KEEP 'EM FLYING!



Vitalium castings are vital
in war production, in dental
restorations, in surgical ap-
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for the winning of the war.



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VICTORY QUICKER

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AUSTENAL LABORATORIES, INC.

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Conserve Chair Time—Send Your Cases to a Vitallium Laboratory



Sticky?

Never- with Kerr compound
and this technic!

FOLLOW this short, simple technic and get a new thrill out of the swift ease with which you secure a precise Kerr Compound impression from an absolutely comfortable patient.

KERR DENTAL MFG. CO.
DETROIT
Established 1891

WARM 2-qt. Pyrex dish like photo with running hot water. Fill to 1½ inches from top with water at 134 to 140 degrees. Submerge Kerr Compound cake on lifter for TWO MINUTES. Remove and knead for ten seconds with wet fingers. Replace in bath for TWO AND A HALF MINUTES. Press into tray. Pass momentarily over flame to glaze. Dip back into bath to temper. Take impression immediately.

CAUTION:—Don't rely on your hand as a thermometer. Don't use boiling water or any other shortcut.

KERR

REG. U.S. PAT. OFF.

IMPRESSION COMPOUND

CL

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To a Seattle Dentist at Pearl Harbor:



STV

Dear Dr. Todd:
Just a short note to say "hello,"
and to tell you that I am following
your good advice.

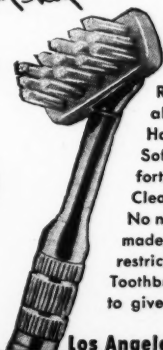
The Clean-Be-Tween Toothbrush
you taught me to use has done wonders
for my teeth and gums. The adjustable
feature lets me clean and massage every
part of my mouth.

There are plenty of refills avail-
able, although I understand new handles
are out for the duration.

Dr. Black, who is taking
care of the children while you are
in the Navy, had some Clean-Be-Tween
Toothbrushes on hand, lucky chap.
He has taught Mary and John to
use them. They are delighted.



The Only Adjustable-Refillable
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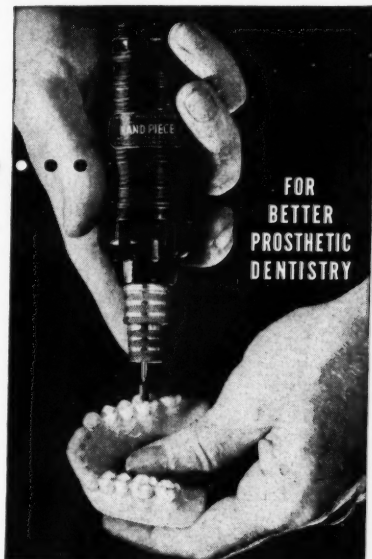


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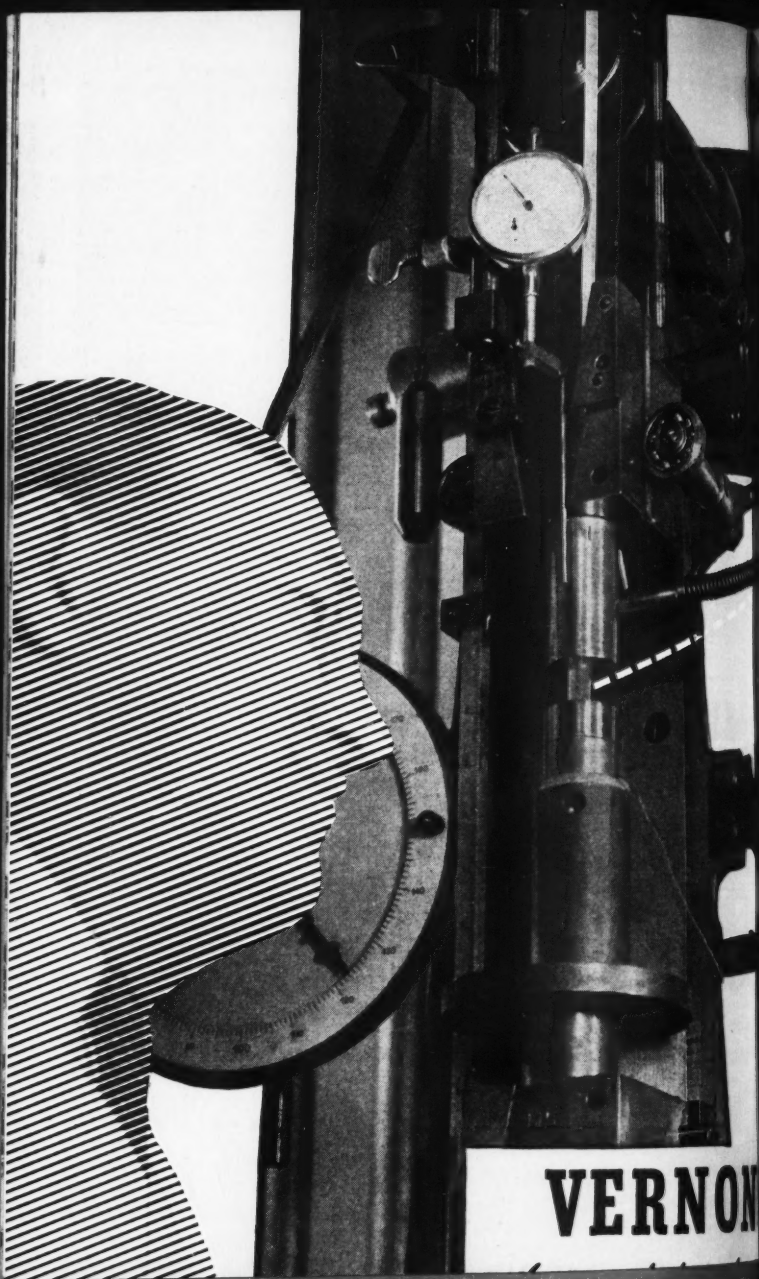
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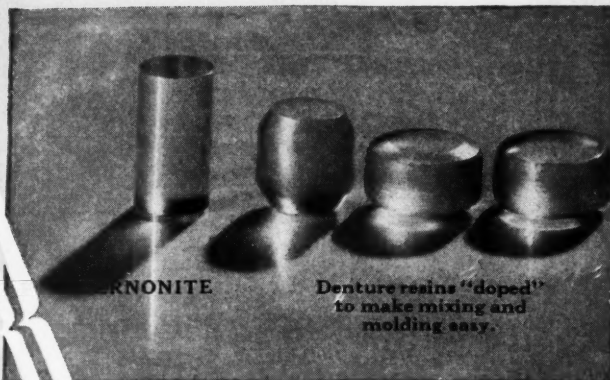
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VERNON EN

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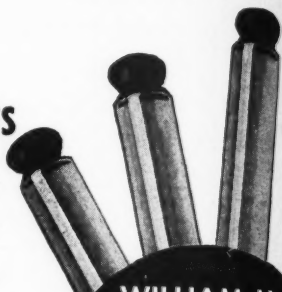
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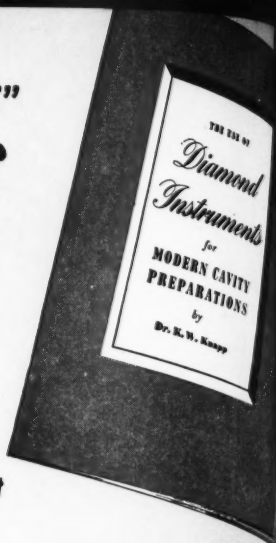
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AMALGAM PREPARATION

General instructions for amalgam preparation are obtained with these instruments. The instruments are designed to be used in the following manner:



FIG. 1

PREPARATION: Place the instrument in the mouth and use the following instructions:

- 1. Place the instrument in the mouth and use the following instructions:
- 2. Place the instrument in the mouth and use the following instructions:
- 3. Place the instrument in the mouth and use the following instructions:
- 4. Place the instrument in the mouth and use the following instructions:

For Surface Contour: Use the instrument in the following manner:

- 1. Place the instrument in the mouth and use the following instructions:
- 2. Place the instrument in the mouth and use the following instructions:
- 3. Place the instrument in the mouth and use the following instructions:
- 4. Place the instrument in the mouth and use the following instructions:



FIG. 2

For the Preparation of the Crown: Use the instrument in the following manner:

- 1. Place the instrument in the mouth and use the following instructions:
- 2. Place the instrument in the mouth and use the following instructions:
- 3. Place the instrument in the mouth and use the following instructions:
- 4. Place the instrument in the mouth and use the following instructions:



FIG. 3

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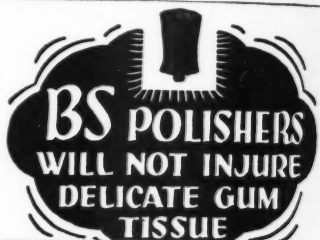
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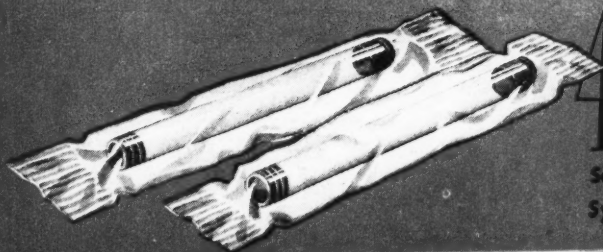
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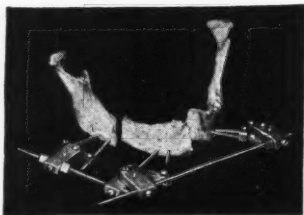
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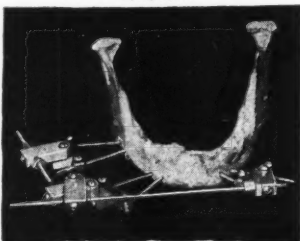
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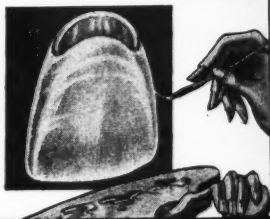
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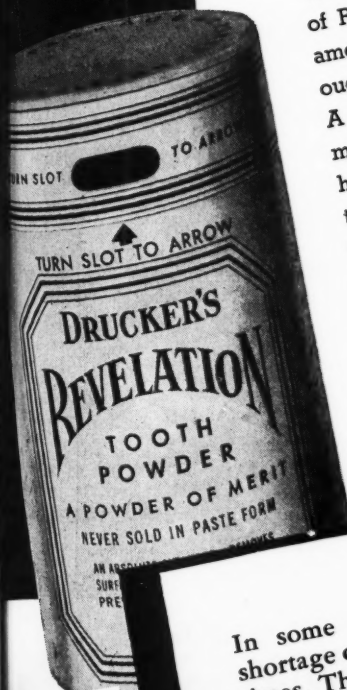
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SOFT INLAY CASTING GOLD	MEDIUM INLAY CASTING GOLD	HARD INLAY CASTING GOLD	PARTIAL DENTURE CASTING GOLD

STERN	STERN	STERN	STERN
10	20	30	SPECIAL
MEDIUM INLAY CASTING GOLD	HARD INLAY CASTING GOLD	PARTIAL DENTURE CASTING GOLD	WHITE PARTIAL DENTURE GOLD

STERN SPECIAL SERIES

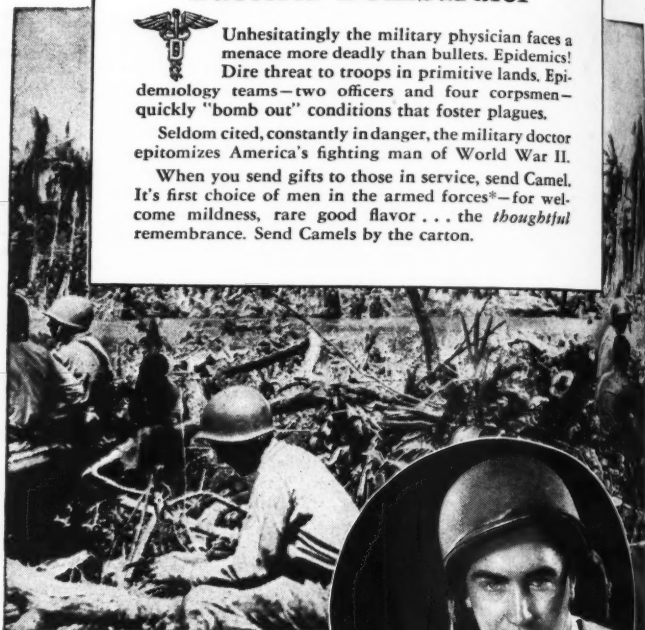
Bacteria Bombardier



Unhesitatingly the military physician faces a menace more deadly than bullets. Epidemics! Dire threat to troops in primitive lands. Epidemiology teams—two officers and four corpsmen—quickly “bomb out” conditions that foster plagues.

Seldom cited, constantly in danger, the military doctor epitomizes America's fighting man of World War II.

When you send gifts to those in service, send Camel. It's first choice of men in the armed forces*—for welcome mildness, rare good flavor . . . the *thoughtful* remembrance. Send Camels by the carton.



FIRST in the Service

*With men in the Army, Navy, Marine Corps, and Coast Guard, the favorite cigarette is Camel. (Based on actual sales records.)

Camel
Costlier Tobaccos

New reprint available on cigarette research—Archives of Otolaryngology, March, 1943, pp. 404-410. Copies on request. Camel Cigarettes, Medical Relations Division, 1 Pershing Square, New York 17, N. Y.



LEAKPRO
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(just r
ration)
amalg
tests,
Dentis
you n
Com
In 5
5 oz.
10 oz.
20 oz.
In 1
1 oz.
5 oz.
10 oz.
The

LEAKPROOF ADAPTATION



MINIMAX ALLOY NO. 178 is scientifically fabricated to produce long lasting, leak-proof fillings with your standard every-day technique. Alloy particles of proper size and shape combined with a slight, desirable expansion (just right to compensate for different thermal expansions of tooth and restoration) assure successful service over long periods. This definitely superior amalgam alloy complies with *all* specifications not only in official laboratory tests, but when *you make the filling*. Its many qualities lead thousands of Dentists to say, "Minimax" when they buy alloy. Try Minimax the next time you need alloy.

Complies with A.D.A. Specifications No. 1. Filings suitable for alloy-mercury gauges.

In 5 oz. BOTTLES

5 oz. \$1.50 per oz.
10 oz. 1.40 per oz.
30 oz. 1.35 per oz.

In 1 oz. BOTTLES

1 oz. \$1.60
5 oz. 1.55 per oz.
10 oz. 1.45 per oz.

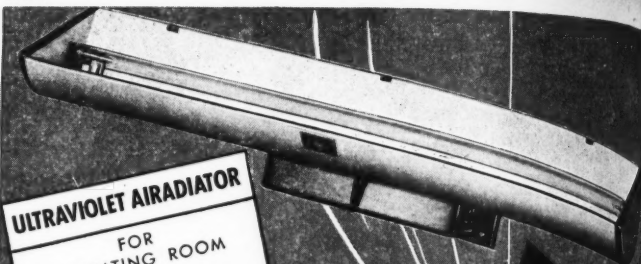
For best results mortars and pestles should be occasionally resurfaced. Over long periods they wear smooth...become inefficient. As a convenience Minimax provides **FREE** with every bottle a handy envelope of Abrasive Resurfacing Powder.

Prices subject to change without notice.



minimax

The Minimax Company, Medical & Dental Arts Bldg., Chicago, Ill.



ULTRAVIOLET AIRADIATOR

FOR
OPERATING ROOM
AND
RECEPTION ROOM
INSTALLATION

FIGHT

AIR-BORNE BACTERIA AND CROSS INFECTION IN YOUR DENTAL OFFICE

The effectiveness of the 2537A band of ultraviolet in reducing air-borne pathogenic bacteria is now a scientific fact. In the practical application of this germicidal ray, the BURTON ULTRAVIOLET AIRADIATOR with its numerous (patent applied for), exclusive features, is making a vital contribution in the fight against disease and its costly aftermath.

The benefits of the ULTRAVIOLET AIRADIATOR are being demonstrated . . . in dental and medical offices, in hospitals, operating rooms, clinics, nurseries and other indoor gathering places.

You and your patients may now avail yourselves of the protective aid against air-borne bacteria and cross infection, which the ULTRAVIOLET AIRADIATOR affords.

Write for literature and clinical data today.

BURTON ULTRAVIOLET AIRADIATOR

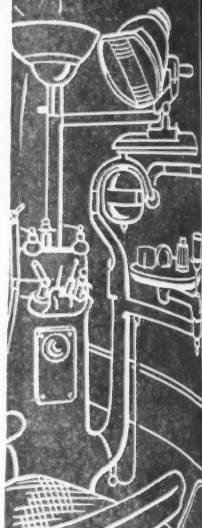
FOR THE REDUCTION OF AIR-BORNE BACTERIA AND CROSS INFECTION

★ ★ ★

OPERATING LIGHTS • DIAGNOSTIC INSTRUMENTS • SCIENTIFIC APPARATUS
SCIENTIFIC INSTRUMENTS • LABORATORY EQUIPMENT

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MANUFACTURING CO.
BURTON BUILDING
3855 N. LINCOLN AVE., CHICAGO, ILL.



"Doubling" in

GOLD

BY **DEE**

In many operations you can double your accomplishment of the day with gold, for speed that saves you both time and energy.

It "doubles" too in that each Dee Gold has exactly the quality of ductility you need for ease of processing . . . along with responsiveness to heat treatment for durability through long hard service.

Dee Gold "doubles" again in patient satisfaction. In addition to self-evident intrinsic value, the patient gets a restoration of oral comfort and resiliency that cannot be matched by the use of any substitute metal . . . a restoration you can adjust, add to and repair as required, quickly and in your own office.

Dee Golds will shorten and lighten the extra pressure of today.

GENERAL OFFICES
AND PLANT
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DEE & CO.
Precious Metals
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DOWNTOWN OLD GOLD
AND SALES OFFICE
55 E. WASHINGTON ST.

EDEMA 0.8 vs EDEMA 2.7

Rabbit Conjunctiva shows the influence of hygroscopic agents in cigarettes*



AVERAGE EDEMA 0.8

*Average edema upon
instillation of smoke
solution from PHILIP
MORRIS CIGARETTES.*



AVERAGE EDEMA 2.7

*Average edema upon
instillation of smoke
solution from ORDI-
NARY CIGARETTES.*

CLINICAL CONFIRMATION:** When smokers changed to PHILIP MORRIS, every case of irritation of the nose and throat due to smoking cleared completely or definitely improved.

*Proc. Soc. Exp. Bio. and Med., 1934, 32, 241-245. **Laryngoscope, 1935, XLV, No. 2, 149-154.



GOLD BANDS FOR TWO-PIECE CROWNS.

GOLD CUSPS.

GOLD FACINGS FOR DENTURES.

ANCHORS FOR CLASPS.
14K, 10K, and Gold Cased.

READY MADE CROWNS.
Platinum & Gold.

Order from your Dealer



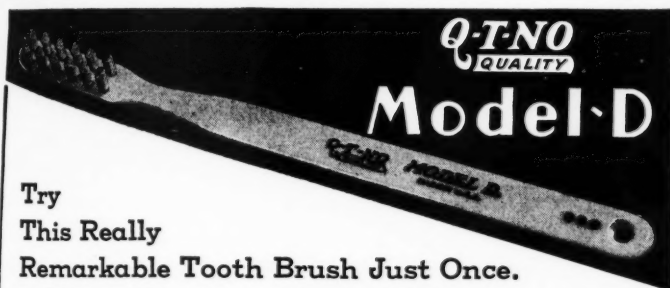
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founded in 1911 by Martin Dewey, D.D.S., M.D.

(Authorized by The Board of Regents of the University of the State of New York.)

Sessions held at intervals throughout the year. Date of next session on application. Classes limited.

For further information write The Dewey School of Orthodontia, 17 Park Avenue, New York City.



**Try
This Really
Remarkable Tooth Brush Just Once.
It Makes Friends and Keeps Them.**

- Extra Long Straight Handle
- Straight Bristle Surface
- New *Cu-lon Bristles
- Re-inforced End Tuft
- Holds its shape Longer

Use coupon today

Your name stamped in gold on this personal sample. Get full details of this remarkable brush with price quotations for office dispensation. (Send 20c for sample brush to cover mailing cost).

* (Trade name)

**THE CUTINO COMPANY, 807 Wyandotte St.
Kansas City, Missouri**

For enclosed _____ cents, please send _____ Q-T-NO Model D Brushes _____ row. (No more than 2 at 20-cent price each.)
(Specify 2 Row, 3 Row, Junior Childs)
Please also send data and price list.

Dr.

Address

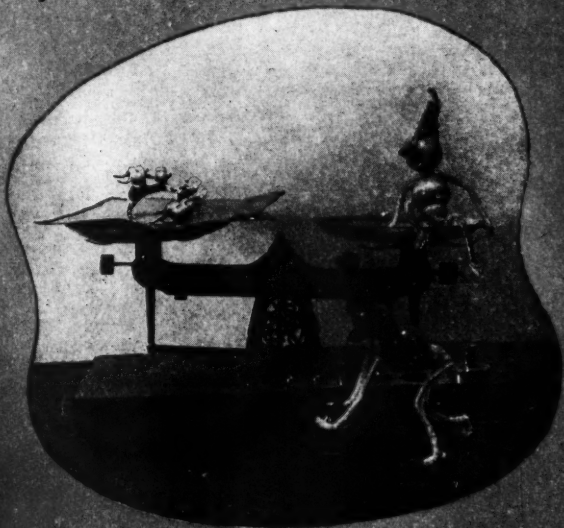
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NEW REDUCED PRICE
\$7⁵⁰ PER LB.

THE WILLIAM GETZ COMPANY
175 N. MICHIGAN AVE. . . CHICAGO

Lighter...

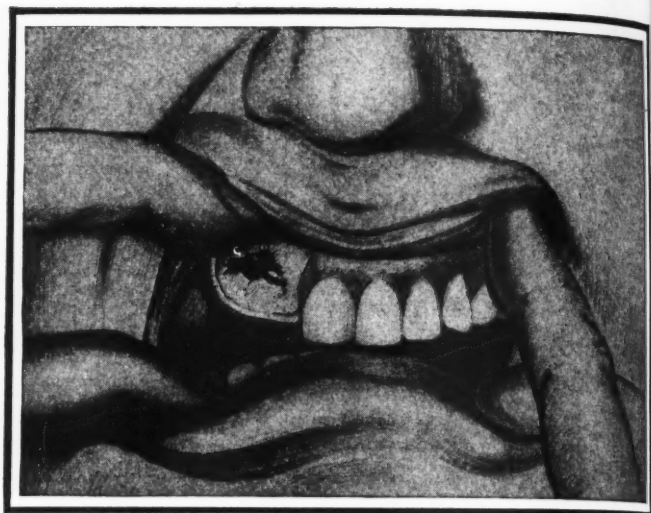
Those mischievous imps, the Gremlins, are with us again . . . and as usual, are up to no good. But their only success here has been in proving Durallium the *lightest* and finest dental alloy for cast restorations. Durallium is less than half the weight of gold . . . has a specific gravity of 8.23—thus it assures greater comfort to the wearer and less fatigue on abutment teeth. Your Qualified Durallium Laboratory can give you Durallium on your next case.



Durallium

PRODUCTS CORPORATION

Chicago 1, Illinois, U. S. A.



FAS E

Alkaline D E P O

INFLAMED MUCOSAE IN THE DENTURE AREA

Tender gum tissues, unaccustomed to the pressure of a new denture, sometimes become sensitive and irritated. When tissues are so sore that they react unfavorably to the new denture the period of adjustment and adaptation may be unduly prolonged.

FASTEETH checks and soothes soreness and inflammation due to chafing and hyperacidity, thus helping patients to tolerate new dentures quicker and better. Notice the tone of tissues in cases where FASTEETH is used.

Alkalinity Helps

FASTEETH
POWDER

Clark-Cleveland, Inc.
Binghamton, N. Y.

OH-11

Gentlemen:

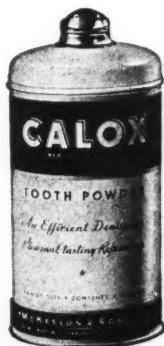
Please send professional samples of Fasteeth.

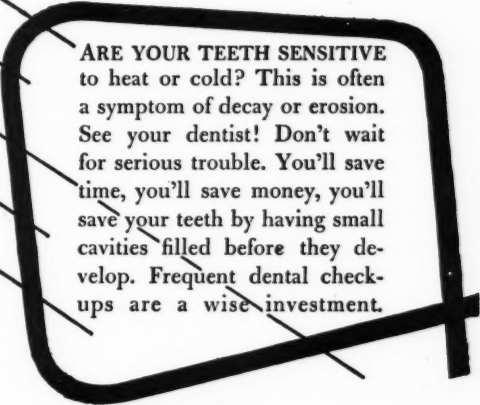
Dr.

.....

.....

Calox Tooth Powder radio
announcements carry to the
consumer a message such as this





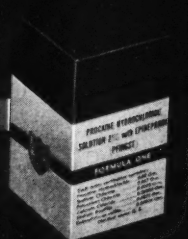
ARE YOUR TEETH SENSITIVE
to heat or cold? This is often
a symptom of decay or erosion.
See your dentist! Don't wait
for serious trouble. You'll save
time, you'll save money, you'll
save your teeth by having small
cavities filled before they de-
velop. Frequent dental check-
ups are a wise investment.

McKESSON & ROBBINS, INC.,
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Quality

1

2% Procaine
with Epinephrin
1:25,000



2

2% Procaine
with Epinephrin
1:50,000



A. PFINGST

52

City

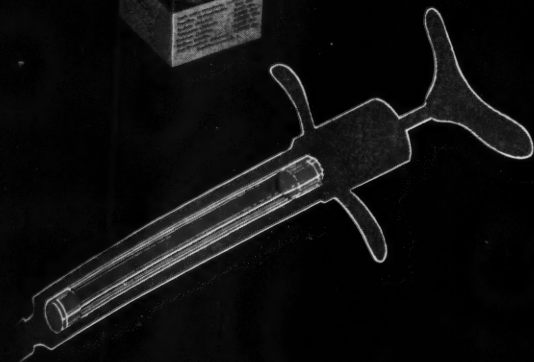
ANESTHETICS.

2% Procaine
with
Neo-Synephrin
1:3,000



Here are four outstanding anesthetic solutions. All are made and packaged under stringent sanitary conditions—all solutions are subjected to routine tests series by our own staff and rechecked by an independent bacteriological laboratory.

There are no finer dental anesthetics than Pfingst Procaine solutions.



4% Procaine
with
Neo-Synephrin
1:3,000

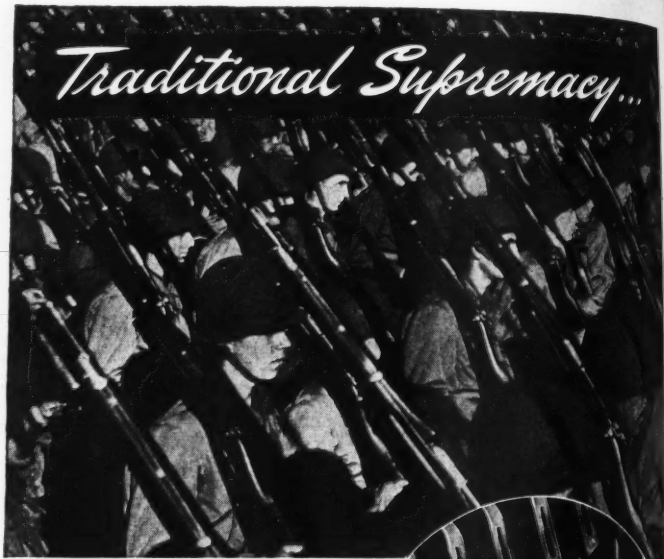
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PFINGST PROCAINE SOLUTIONS

52 COOPER SQ., NEW YORK

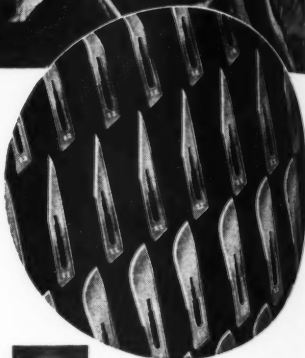
Traditional Supremacy...



More than ever, *Quality Maintenance* is vital to the successful attainment of the military or surgical objective. Whether it be the forging of steel for superior blades of vengeance, or the processing of superior blades of mercy . . . dependable quality counts, today.

BARD-PARKER RIB-BACK BLADES

continue to provide and maintain the desirable features which have resulted in their acknowledged superiority over the years. Greater strength . . . superior sharpness with uniformity . . . longer cutting efficiency . . . are factors indicative of their unexcelled qualities and economy of use. On the far-flung battle fronts, at home and abroad, Rib-Back Blades are being supplied in ever-increasing volume.



It's Sharp

Your dealer can supply you

BARD-PARKER COMPANY, INC.
DANBURY, CONNECTICUT

A BARD-PARKER PRODUCT

Sever

1. Be
what
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Seven things you should do:

1. Buy only what you really need	2. Pay no more than ceiling prices... buy rationed goods <u>only</u> with stamps	3. Pay off old debts and avoid making new ones	4. Support higher taxes ... pay them willingly	5. Provide for the future with adequate life insurance and savings	6. Don't ask more money for goods you sell or work you do	7. Buy all the War Bonds you can afford - and keep them
----------------------------------	--	--	--	--	---	---

Keep prices down...use it up, wear it out, make it do, or do without


This advertisement, prepared by the War Advertising Council, is contributed by this magazine in cooperation with the Magazine Publishers of America.

"I've learned to depend on this one silver Oxy-eugenol. It sets harder and faster, soothes as it inhibits."



SILV-O-DENT

"You're right, Doctor. Silv-O-Dent has stood the test of time in my practice, too. I tell all my D.D.S. friends about it."



THE SILVODENT COMPANY O-11-43
1708 N. E. Alberta St.
Portland, Oregon

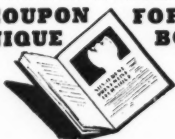
You may send me a copy of your FREE Booklet about Silvodont, Oxy-eugenol Silver.

Dr.

Address

City State

**SEND COUPON FOR FREE
TECHNIQUE BOOK**



Hu-Friedy's

ORAL SUN LIGHT

This Hu-Friedy light has been designed to give long service at little expense. It is very sturdily constructed, requires no servicing, uses a minimum of current.

The adjustable condensed-focus concentrates the low-candle-power light to brilliant intensity. Mechanical construction permits perfect ventilation to carry off generated heat.

Furnished with cushion-padded headband in either soft leather or stiff fibre, 10 feet of rubber covered wire cord vulcanized to a sturdy wall-plug, and transformer for alternating current or rheostat for direct current.

**The Hu-Friedy Mfg.
Company**

**3118 N. Rockwell St.
Chicago, Ill.**

KERR

Announces a proved

FOILEX TECHNIC



WITH three new materials, tested and proved, separately and in combination, you can now process acrylic dentures without tin-foil and at noteworthy savings of time and expense.

These three materials are Kerr Foilex Flasking Investment, Kerr Alginate Solution and Kerr Calcium Chloride Solution.

Their trouble-free use is fully explained in our folder "Foilex Technic"

Ask for it—right away!

KERR DENTAL MFG. CO., Detroit

KERR

FOILEX TECHNIC

FOLLOWING THE FLEET

Torit Dust Collectors • Torit Casting Machines • Torit Wax Eliminators • Torit Abrasives • Torit Model Trimmers • Torit Blow Pipes • Torit Acetylene Apparatus.

Wherever American dentists are serving with the armed forces, there you will find Torit Dental Products... many of them especially adapted to meet unusual conditions.

Take care of your present equipment and make sure of the future by investing in WAR BONDS.

TORIT
MANUFACTURING COMPANY
279 WALNUT STREET ST. PAUL, MINN.

TORIT



for **THIN STRONG** dentures

AMAZING IMPACT RESISTANCE

is the outstanding feature of "HERAKLES". Painstaking research tests have been made in comparison with other well known rubber dentures. "HERAKLES" was found to have by far the greatest strength of them all. Because of this extraordinary strength, dentures can be made "HERAKLES" that are very thin, contributing to the patient's comfort—yet these dentures are strong enough for the purpose. "HERAKLES" is non-toxic. It is indicated for the patient with sensitive gums and tender mouth.

Use "HERAKLES"—you will like it. It is easily manipulated and packs freely.

Made in Two Shades—the Regular and Light Shade. Order from your Dealer. If "HERAKLES" is new to you send the coupon with \$1.00 for a sample package. Specify shade desired.

"HERAKLES"
has herculean
strength

**HOLDS BETTER
TO METAL**

This is important—so many dentures require metal reinforcements.

ATLANTIC RUBBER MFG. CORP. 239 FOURTH AVE.
SUCCESSORS TO TRAUN RUBBER COMPANY NEW YORK N.Y.

Enclosed is \$1.00 for sample box of "HERAKLES"
Regular ☐ Light ☐

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City State.....

Dept. OS-41



Thorough Sterilization Begins Before You Lift the Lid

Thorough pre-sterilization technique helps make hard-to-get instruments last longer.

Immediately after use instruments should be brushed individually in soap and water to remove blood and tissue residue. Cavities should be well cleaned.

Immerse in boiling water at once . . . do not accumulate them in a raised tray so that steam and air can cause corrosion. Similarly after the exact period of boiling, remove and dry at once.

Write for Castle
Book on "Steril-
izing Tech-
nique".

Use Castle Sterilizer Tablets for brighter Instruments
and a cleaner sterilizer.

WILMOT CASTLE COMPANY
1101 University Avenue, • Rochester 7, New York

CASTLE STERILIZERS





**IMPROVED
FOR
SIMPLICITY
AND
PREDETERMINED
RESULTS! WITH
IMMEDIATE AND
OLD DENTURES**

No Processing . . . Ready to use from the tube. No mixing, no heating, no guesswork.

Color . . . for perfect blending with the denture base.

Simplified Technique . . . involving only about 20 minutes chair time.

Not A Casting Material . . . The original adaptation is from the patient's mouth direct.

Fitting The Denture is merely a "trial bite" for the patient.

Every Delicate Detail of tissue formation is faithfully recorded.

Subsequent Corrections made easy to meet tissue changes.

AT LOW COST TO YOU

\$10. per Tube . . . Less than one dollar per Liner.

Order Through your Dealer or Write Direct for Details.

CRAIG DENTAL PRODUCTS INC.
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No. 1
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Is mouth tissue
PINK?



Well as you know the color of healthy mouth tissue, you cannot precisely describe it, nor reliably match it.

In actual fact, mouth tissue color and texture are a combination of red, blue and yellow. The Kerr Color Analyzer, a magic-eye device of which there is only one in existence, has given us exactly the proportions of these primary colors.

Of course we manufacture Kerr Crystolex to conform precisely to these proportions. So, automatically, your Kerr Crystolex blends into, and becomes apparently part of, your patient's mouth.

Standardize on Crystolex, the denture base of uniformly correct, lifelike color and texture.

KERR DENTAL MFG. CO., DETROIT

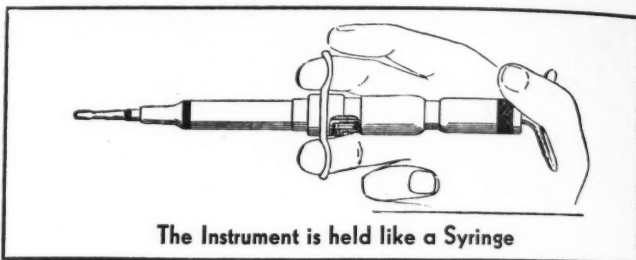
Established 1891

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Crystolex

The REITER AUTOMATIC SURGICAL MALLET



The Instrument is held like a Syringe

**Surgical
Mallet
with
4 points
\$20.**

WITH THIS INSTRUMENT the dentist can face his exodontia and surgical problems with the utmost confidence. The strong blows the instrument delivers aid delivery of firmly held or broken down teeth. It obviates the unpleasant and frightening sight of a swinging mallet, and avoids both bone and tissue destruction in difficult extractions.

The Reiter Automatic Surgical Mallet is in daily use in the offices of a great many dentists who prefer it because of its simplicity of use, safety of action and dependability for results with the least amount of physical shock and discomfort to the patient. Write for Literature. If your dealer cannot supply you, please write us.

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The
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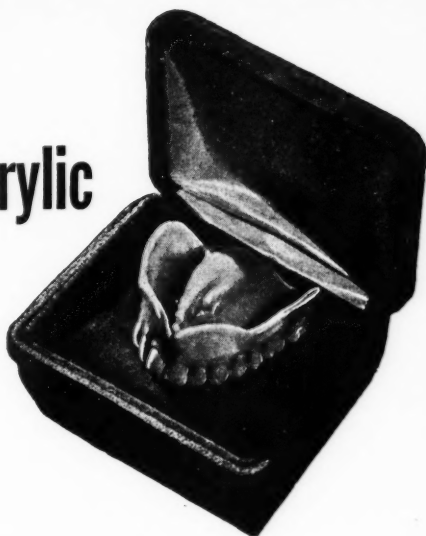
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E-ZE

Blended Acrylic

The latest and
most dependable
for dentures.



10 reasons why you should use E-ZE

1. Mixes quickly into a soft doughy mass and can be packed immediately.
2. Avoids breaking and checking teeth.
3. Allows flask to close easily and quickly.
4. Cures 45 minutes boiling—30 minutes vulcanizing.
5. Finishes and polishes easily and quickly.
6. Has a hard repellent surface.
7. Has a beautiful delicate life-like color.
8. Repairs and rebases invisibly.
9. Ideal for partials as well as full dentures.
10. A high quality material at a low price.

E-ZE Powder and Liquid—Pink and Clear

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DENTAL MANUFACTURING COMPANY

2009 N. Killingsworth Street

Portland, (11) Oregon

... The Dentist



Almost four years ago, we presented the Profession with a new concept of artificial teeth, based upon preservation of natural teeth and their surrounding structures. The unusual strength and composition of DENTA PEARL plastic teeth resulted in growing Professional acceptance. Decreased impact shock, reduced clatter,

increased comfort soon were appreciated by the Patient.

Meanwhile we were researching better materials and methods for processing these new teeth. ACRYNAMES STAINS for staining Denta Pearl teeth and Investments for processing them were developed. To save laboratory time and labor in finishing—FILM-AC a tin-foil substitute, was introduced. Its perfect film formation insures beautiful, clean separation, but its outstanding feature is that of only forming a film on investment surfaces—never on the teeth.

During these years, intensive research was conducted on denture base materials. Normal gum lines should be visible—not hidden. This means color flexibility of the denture base itself. Confident that Rohm & Haas would, if possible, improve the physical and chemical properties—all efforts were bent on esthetics. Conceived years ago, our dream became a reality with the presentation of JUSTI-TONE . . . two shades . . . true, natural blending tones . . . "tissue-lucence."

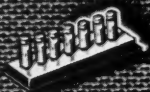
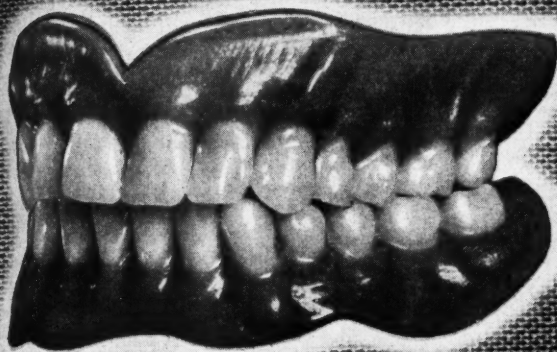
In the realm of prosthetic advancement, we submit—"the Denture that *Justi* Built."

JUSTI SERVICE: Papers on all above mentioned products are available on request.

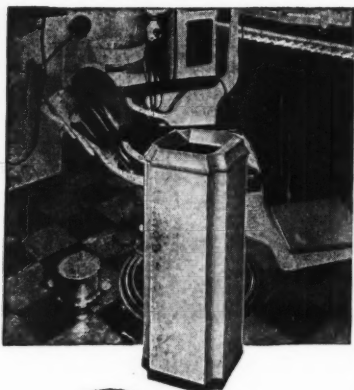
JUSTI Products for M

H. D. JUSTI & SON, INC., PHILADELPHIA, PA. REL

Just Built



Modern Prosthetics
RELIABLE DENTAL PRODUCTS SINCE 1864



Sanette DENTAL RECEIVERS

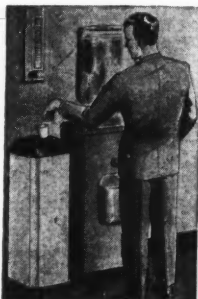
Completely
Meet Dentists'
Requirements
for MAIN-
TENANCE of
Cleanliness.

The popular open-top model is a preferred sanitary maintenance item in constant use in the operating room, office and reception room. It has distinctive styling found only in Sanette and is fitted with a disposable sanitary waxed bag liner.

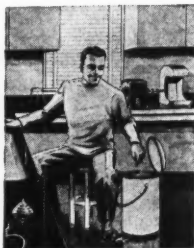
The closed top model is of 12 quart capacity and has a rust-resisting, easy-to-clean removable inner pail, together with other preferred dental features.

Consult your dealer or write us; every effort will be made to supply you.

MASTER METAL PRODUCTS, INC.
313-L Chicago St. Buffalo 4, N. Y.



Model T-30
25" high



Model H-12
Height 15"; Dia. 10"



This Wonder Electric Mortar and Pestle assures uniform results... Its mix is a smooth fine texture always the same. The Wig-l-bug eliminates human error, unnecessary waste of alloy and mercury. It standardizes technic and not only makes better fillings but makes them faster... Only 7 to 10 seconds are required to triturate enough amalgam for an ordinary size filling with the Wig-l-bug and your favorite alloy. Get complete information about this extremely helpful Crescent device without obligation. Write today.



Model No. 3A

Through your dealer or direct
CRESCENT DENTAL MFG. CO.
1839 S. Crawford Ave., CHICAGO

After testing
types of patient
hands of users
as you prefer,
direct upon in
If you are a
used portion
you used for
ORYL is A
manufacture

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Please send by
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Otherwise will
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CITY & STATE

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ORYL ANESTHETIC TUBES

You Can Use for Thirty Days

After testing for extractions and painless operative dentistry for all types of patients you are to be the sole judge. If you agree with thousands of users that ORYL ANESTHETIC is "the best by test" we will, as you prefer, bill the \$5.00 charge thru your dealer or you may remit direct upon invoice at the end of the thirty day trial period.

If you are not entirely satisfied with ORYL you may return the unused portion with no charge or obligation for any number of tubes you used for tests.

ORYL is A.D.A. accepted and backed by 25 years experience in the manufacture of local anesthetic solutions.

Detach and Mail Coupon

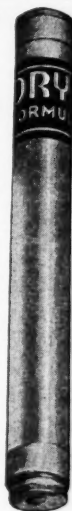
DENTAL PRODUCTS COMPANY 7512 Greenwood Ave. CHICAGO, ILL.

Please send by prepaid parcel post 1 Box (100 tubes) ORYL ANESTHETIC. I understand that I may use all the tubes needed for a fair trial and if not entirely satisfied within 30 days I will return any unused tubes without cost or obligation. Otherwise will accept billing.

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Crescent SILVERLOY

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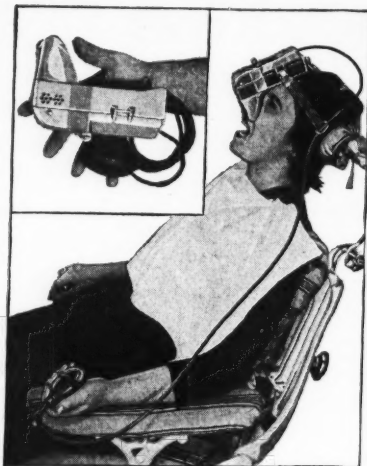
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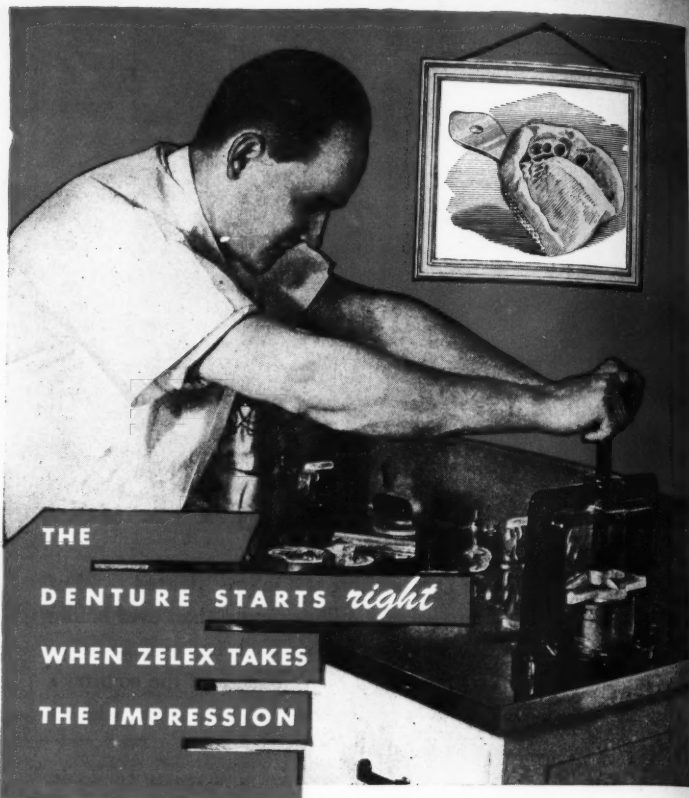
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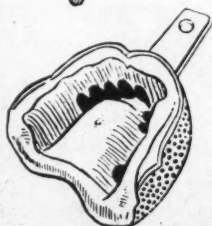
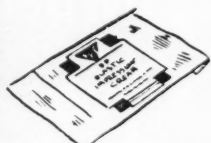
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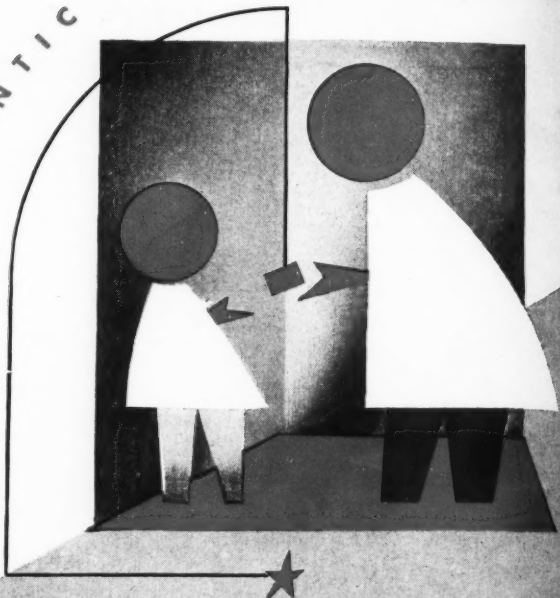
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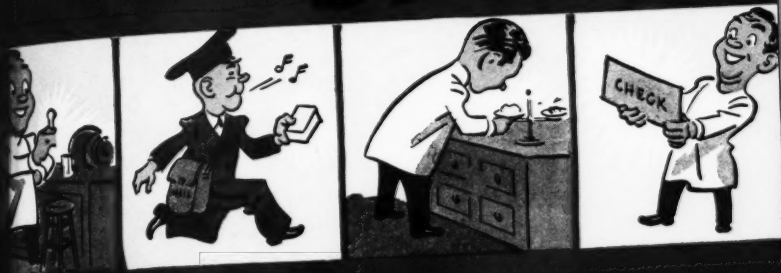
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